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proceeding of the contract of the contract of

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VR A 15 (4))

19-08175 Charles and company of the City

	3	1.	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH		7 9	-084	76
		I. DE	CEASED NAME	FIRST	A	AIDDLE	t.	AST		20 DATE OF DEATH		OAY YEAR	26. HOUR D
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Par		3. SE		4	RACE		5 DATE C		YEAR	AGE (IN YEARS LAST	BIRTHOAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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d de	200		AL RESIDENCE (# NURS			GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE C	ITY LIMITS?	13e STREET ADDRES	is .		
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nding physicial corbon papers.	,		PART I. DEATH W	M (Enter only AS CAUSED I IMMEDIATE (CAUSE (a)	line for (o), (b), on Carcinoma	<u>nead</u>			with tota n bile duo			MATE INTERVAL ONSET AND DEATH
rd by the ottending lease remove carb ral, cremation, or recognitions or recognitions.			Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the)	Extensive		1 bowe	<u>l infar</u>	ction.			
signe hen p		NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERM	MAL DISEASE OR C	ONDITION G	IVEN IN PART 1	a i
has been if permit I	1	CERTIFICATION	190 DATE OF OPERA	IÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES [X] NO	IN CER	ES, WERE FINDII TIFYING CAUSES YES [
og physici certificate mal-transi ental Hygi	9		210 ACCIDENT WAS UNCO OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.A	M. MONTH D	AY YEAR			ED (ENTER NATURE OF	NJURY IN ITEM 18	B, PART 1 OR PART 2]	
offer this os the but	5	MEDICAL	216 INJURY OCCURE WHILE NOT WE AT WORK AT WO	THE [21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.}	211 LOCATI STREET		CITY OR	TOWN	COUNTY	STATE
CTOR A for use			22a I certify that X saw the decease above, W(we) (c	d alive on_		1/8/19_	79 . or	4/6/ id that in (🛰		, to4, death accurred on th	8/ e date and h		
ERAL DIRE e detoched Stote Dept			224. PHYSICIAN S NA	Tas	wh	udi?	3/7		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN X		9/79
etoined by II TO FUNERAL should be det with the State	1		8.R.	MA	RE	PUDI	no	9000	Frankl	in Square	Drive		
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	1	FOR Items - STATE 5_25-7 REGISTRAR	19a. 8	& 19b.	Film#GF DEPART		E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG N	9-084	77
		CEASED NAME	FIRST	-	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
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moy pog	3 SE	х	4	RACE		5 DATE C		& AGE (IN YEARS LAST BIR	HOAY) IF UNDER	
		Female		Cauca	sian	Apr		83	YRS	DAYS HOURS MIN
2 22	7e. B	IRTHPLACE (STATE OR FO	REIGN 7h	CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O		TH
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ours ofter d in by the fu se filed with	-	ITY OR TOWN OF DEA		I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12m USUAL OCCUPATE	FWORKING LIFE) INDU	IND OF BUSINESS OR
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vithin 12 sh	14. F.	ATHER'S NAME	MID	OLE	LAST		15. MOTHER'S MAIDEN NA	WE	The second second	LAST
w be ond ond	G E	Bernard			Brause		Ida		Y	affa
d co	16a	WAS DECEASED EVER I	N U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	CC	rginia 22152
Poges		NO .		-	577-40-3	3960	Mark Raum, 6	423 Wainfle	et Ct., S	pringfield,
strain. strain that the death certificate strain. strain the property of the predict of physici nst permit. Then please remove carbon poperty graine prior to buriol, cremotion, or removal shows any injury, or other traumant event, the	CERTIFICATION		ediote the lost IFICANT CO	DUE TO, O (c) NDITIONS CO	RAS A CONSEQUE Old age Ontributing to to I failure	CONGE OF DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NWAS PERFORMED PAINTON TO THE TERM ON TO THE TERM NOT RELATED TO THE TERM NOT	IN AL DISEASE OR CON	DITION GIVEN IN PA	FINDINGS USED
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SICIA ng ph certifi certifi ental	3	OR CONTRIBUTING C		P.		19				
G PHYS offendin er this c if the bur and Med or h	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	HE 🗂	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	AN CONN	TY STATE
hospital or RECTOR. Affined for use a pept of Health term 21 is mail		22a L certify that k saw the decease above, if (we) (d				Арі 79	nd that in (n) (our) opinion	death occurred on the de		m the couses stated
9 0 00 =		Novesh	le. 1	Char	vno-			MEDICAL STA		. 17.79.
TO HOSPITAL retained by the TO FUNERAL should be detributed to with the State IMPORTANT:	/	Naresh K					9000 Frank	clin Square	Drive 21	237
7 0 2 5 3 8	23=	BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	LE	Burial		4-20-7	9 Nat	tiona]	Cap. Hebrew	Capitol H	lats, P. G	eo. Maryland
DHMH-16 20M (VRA 15, 4) 7/7B		uneral director name nzansky–Go	ldberg	Mem.	Chapels,	70 Ro Rocks	ckville Prand	R 2 3 1979	perfory!	He Cready

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-08478

CEASED NAME	FIRST				rt.				
OR PRINT)		٨	AIDDLE	LA	451	2a. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
FR	ANK		J.	REAL	LL	APRIL 24,	1979		9:00
Male	4.1	RACE White	2	5. DATE O	F BIRTH SHAPO2 YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN
RTHPLACE (STATE OR FOR		_	WHAT COUNTRY?				OR COUNT		
TOWS ON	гн 11. N	NAME OF P	HOSPITAL, NURSING HEACILITY, GIVE STREET A Conval	G HOME O	Laney Towson			126. KIND C INDUSTRY	tired
AL RESIDENCE (IF HURSING)	Balto.	HER INSTITUTION,			134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	lnut A	venue-2	1206
Arthur	Rec	all	LAST			Kratz MIDDLE	趣	LAS	т
			219-01-6	371	17 INFORMANT	ADDR		Irut Av	en-2120
		VDITIONS CO	ONTRIBUTING TO D						01
190 DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IZUD. IF TE		NGS USED
19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
19a, DATE OF OPERATION 2)a, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	ERLYING AUSE OF DEATH	2)b. TIME O	FINJURY M. MONTH DA		21¢ HOW INJURY OCCURR	YES NO	IN CERTI	FYING CAUSES ES 🗍	
2)a. ACCIDENT WAS UNDE	ERLYING AUSE OF DEATH LEXAMINER) ED	2)b. TIME O HOUR A./ P./ 2)e PLACE (FINJURY M. MONTH DA M.	YEAR		YES NO	IN CERTI YI JRY IN ITEM 18,	FYING CAUSES ES 🗍	OF DEATH?
S AS	RTHPLACE (STATE OR PO) DUNTRY) OLONGO TY OR TOWN OF DEAT TOWS ON AL RESIDENCE (IF NURSE TATE WAS DECEASED EVER I TES, NO OR UNKNOWN) 18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gove rise to imm couse [0], stofing underlying couse	RTHPLACE (STATE OR FOREIGN 76 DUNTRY) OLO TOWN OF DEATH 111 TOWS ON NAME 135, COUNTY BOATON AL RESIDENCE (IF NURSING HOME OR OT 174) BOATON ALTHER'S NAME ATTUM RESIDENCE (IF NURSING HOME OR OT 174) BOATON VAS DECEASED EVER IN U.S. ARME (IF YES, GIVE W.) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE (IMMEDIATE (IM	RTHPLACE (STATE OR FOREIGN DUNTRY) OLONADO TY OR TOWN OF DEATH TOWSON AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 1) ATE PARTY WAS DECEASED EVER IN U.S. ARMED FORCES? RES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost (c) (c)	RTHPLACE (STATE OR FOREIGN UNITRY?) DUNTRY) OLONADO TY OR TOWN OF DEATH TOWSON AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 133, COUNTY HE 133, COUNTY HE 134, COUNTY HE 135, COUNTY HE 136, CITY OR TOWN NUTTION OR RESIDENCE BEFORE ALCHEVANCE AND LE LAST VAS DECEASED EVER IN U.S. ARMED FORCES? LAST VAS DECEASED EVER IN U.S. ARMED FORCES? LAST VAS DECEASED EVER IN U.S. ARMED FORCES? INMODEL LAST VAS DECEASED EVER IN U.S. ARMED FORCES? INMODEL LAST LAST LAST LAST DUE TO, OR AS A CONSEQUE CONditions, if ony, which gove rise to immediate couse (b), stofing the underlying couse lost U.S.A. 11. NAME OF HOSPITAL, NURSING INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALLOW 13c. CITY OR TOWN 13c. CITY OR	RTHPLACE (STATE OR FOREIGN DUNTRY) OLONADO TO CONTROL TOWN OF DEATH TOWSON AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE ALTER'S NAME FIRST VAS DECEASED EVER IN U.S. ARMED FORCES? FOR STATE OR OR UNKNOWN) TOWSON ALTER'S NAME FIRST VAS DECEASED EVER IN U.S. ARMED FORCES? IS COUNTY TOWN T	RTHPLACE (STATE OR FOREIGN DUNTRY) OLONAGO 1.5. A. WIDOWED DIVORCED DIVORCED TO TOR TOWN OF DEATH TOWSON ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13. COUNTY 13. MOTHER'S MAIDEN NAV FIRST FIRST 15. MOTHER'S MAIDEN NAV FIRST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for top), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS MEONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [01, stofing the underlying couse lost. 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NAME OF HOSPITAL, NURSING HOME OR DIVORCED 112. NAME OF HOSPITAL, NURSING HOME OR DIVORCED 113. NAME OF HOSPITAL, NURSING HOME OR DIVORCED 114. NAME OF HOSPITAL, NURSING HOME OR DIVORCED 115. MOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 116. STREET ADDRESS 117. NOTHER'S MADE IN THE PROPERTY OF TOWN 118. CAUSE OF DEATH 119. MODILE 129. STREET ADDRESS 129. STREET ADDRESS 130. STREET ADDRESS 131. NOTHER'S MAIDEN NAME 129. MODILE 132. STREET ADDRESS 133. STREET ADDRESS 134. INFORMANT 135. MOTHER'S MAIDEN NAME 145. MOTHER'S MAIDEN NAME 155. MOTHER'S MAIDEN NAME 166. SOCIAL SECURITY NO. 177. INFORMANT 178. ADDRESS 188. CAUSE OF DEATH (Enter only one couse per line for top, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost 100. OR AS A CONSEQUENCE OF 101. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF 102. OR AS A CONSEQUENCE OF	RIPHLACE (STATE OR FOREIGN U.S.A. 12. MARRIED NEVER MARRIED NEVER MARRIED BALTIMORE COUNTY OF DEATH U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY OF DEATH U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INS SUCH FACILITY, GIVE STREET ADDRESS) DULI aney TOWSON Nursing & Convalescent Home Weuspaper In ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. STREET ADDRESS Walnut Avenue-2 ITHER'S NAME FIRST MANY Kratz MODIE IAST MAY KRATZ MODIE MAY

APR 2 6 1979

John C. Miller Inc-6415 Betair Rd.-21206

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-08480

	100	REGISTRAR						REG. N	0		
		CEASED NAME	FIRS1	Name of the least	MIDDLE	L	A51	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Sec	,,,,,,		GILBE	RT I	3.	REDMO	DND	April 2	3, 1979		м
	3. SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	-	UNDER YEAR	IF UNDER 24 HRS
		Male		Whi	Lte	OC	t. 6, 1912 YEAR	66	YRS	NIHS DAYS	HOURS MIN
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
35		Maryland			USA	WIDOWE	A .	Baltimo	re Coun	tv	MD
	10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		F BUSINESS OR
00		rimonium		315	E. Time	onium Ro	oad	Sepf Empl	oyed	Zamoi	ski Co.
7/	USU/ 13a. S	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
35	Mar	ryland	Ba	ltimore	Timon	ium	YES NOXX	315 E. Ti	monium	Road	
	14. FA	THER'S NAME		WIDDLE	1.47		15. MOTHER'S MAIDEN NA	ME			
130		Francis		WIDDLE	Redmo	nd	Lottie	MIDDLE		LAS	,ī
1		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR	ESS		
		Yes		W II	216-01	-0539	Mrs. Elizabe	th E. Redmo	nd Sam	e as	# 13
	-	18 CAUSE OF DEAT	H Enter or	ly one cause per	line for iai, ib	, and (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		D BY	CARC	INOMA	70513			2	MOS.
		1519	WWEDIA								
32	31	Canditions, if any	bish	DUE TO, O	R AS A CONSE	CER OF	STOMACH			10	Mos.
V .		gave rise ta imi	mediate	(6)	CHIF	01	10/1/01/	-		10	101.
		cause ia, statir underlying cause		DUE TO. O	R AS A CONSE	OUENCE OF					
-	-			(c)							
	z	PART 2 OTHER SIGI	NIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	>
.—	CERTIFICATION	19a DATE OF OPERA	TION	10h COND	ITIONI EOD W/L	UCU OBEDATIO	N WAS PERFORMED	20g AUTOPSY?	TOOL IE VEC VA	/EDE FINIDIA	IOC HOED
0	IC.	DIE OF OPERA	107	178 COND	1 / C	TICH OPERATION	N WAS PERFORMED	ZUB AUTOPST!	206. IF YES, W	IG CAUSES	OF DEATH?
04	RTII	17012	1918	(17. >	10M/40	H	YES NO	YES [NO 🗌
9	-	OR CONTRIBUTING		216. TIME O HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
	EDICAL	(IF EITHER, NOTIFY MEDIC			M.	19	211 10 5 17 10 1				
	MED	21d. INJURY OCCUR	HILE [7]	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
24		AT WORK AT WO	ORK -					2221			
		22a I certify that (1)		111	-1 162	20		to APRIL		4	that (I) (we) last
		sow the deceas above, (I) (we) (ed alive an	t) view the body	after death.	9.79 an	d that in (my) (aur) opinian	death accurred an the d	ate and haur an	nd from the	causes stated
		226. SIGNATURE	30.0	0	_		DEGREE			22c. DATE	SIGNED
	100	1 aumen	ed 111.	Cuna	inchean	ed - M.	ATTENDING PHYSICIAN	MEDICAL STA		4/24	4/79
		224. PHYSIONAN'S N.	AME TYPE O	R PRINT)	9		22e ADDRESS				7.0
1		Raymond M	. Cuni	ningham	M.D.		3818 Patt	erson Avenu	е		
	23o. B	SURIAL, CREMATION,	REMOVAL	236 DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COI	UNTY	STATE
		Burial		4/25/7	79	Dulanev	Valley Cemet	erv Balti	more Ma	ryland	d

DHMH - 16 60M 1/75 (VR A 15 (4))

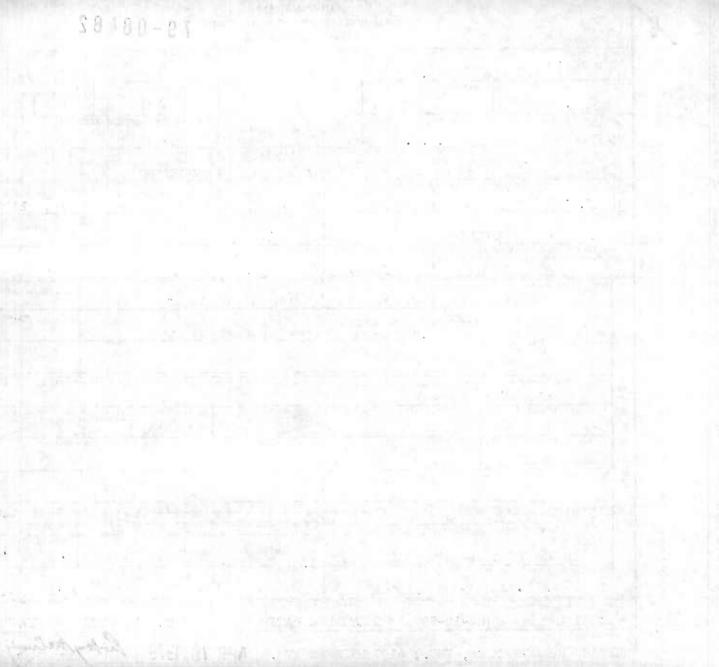
TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene pria:

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Road

APR 3 0 1979

PRO DE SON E DON DE LA CONTRACTOR DE LA THE STATE OF THE WALLY STATES THE BUTTLE PERSONNE - PETE LANCOUNT OF WELLEY THE STATE WATER WAY OF THE 216 OF 1919 STILL MORNSONE FARE PART NE - Care - 10,57 0 500 - 40 46 00 X 60 1 340 X 7 - 204 X 7 10 MAKES PARTS THAN E-264 405 - 113 113 113 115

V	1	FOR			E OF MARYLAND EALTH AND MENTAL HYO	GIENE 7 0 0	8482	
10	1	- STATE REGISTRAR			ICATE OF DEATH	/ 9 - U	0	
		ECEASED NAME FIR	ST MIDDLE		AST		MONTH DAY YEAR	2b HOUR
y be			RTLE O.	REI	SINGER	Apr	11. 779	1250PM
OH I	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		
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a 3	70 E	IRTHPLACE ISTATE OR FOREIGH	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
deot	M	IARYLAND	U.S.A.			Batt	in one Co.	OM why
s ofter o	10.0	Batt. Count	11. NAME OF HOSPITA	AL, NURSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE		OF BUSINESS OR
haur be f	USU 13a	JAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION)	11.11.5			
filled ould				YORTOWN	13d. INSIDE CITY LIMITS?	1721 MACNO	DLIA AVENUE,	21227
ithir tely 2 sh	_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	THE HALLIANT	41441
w be and and and		JOHN	WILLIAM	HILL	LUCY	BELLE	E CONI	
d col	160.	WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SC	CIAL SECURITY NO.	17. INEORMANT	ADDRE		JON
e execu		YES, NO OR DAKNOWN) (IF Y	es, GIVE WAR OR DATES)	-05-9060A	THELMA B. EI	WARDS 1721	MACNOTTA AT	JENIIF >
te b sers.	-		nter only one cause per line for		111111111111111111111111111111111111111	, 1721		MATE INTERVAL ONSET AND DEATH
physici on poper emoval.		PART I DEATH WAS C	ALISED BY.	rebrouses	cular Acc	tashi	BETWEEN	ONSET AND DEATH
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		gove rise to immedia	ofe (D)	31.00	1161103016	103/3		
s that the ed by the elease re- rial, cren or other		cause (a), stating to underlying cause la		CONSEQUENCE OF				
pleo unial		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT BELLIED TO THE TERM	UNIAL DISEASE OF COM		
Then to b	Z	malni	t nition	JING TO DEATH BOT	NOT KELATED TO THE TERM	VINAL DISEASE OR CONL	DITION GIVEN IN PART TO	0,
beer mit.	A E	198. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	NGS LISED
3 9 9 5	문						IN CERTIFYING CAUSES	
nysicion ronsit p Hygier 18 sho	CERTIFICATION	21a. ACCIDENT WAS UNDERLYI			21c HOW INJURY OCCUR			NO []
		OR CONTRIBUTING CAUSE	OI DEALLI	ONTH DAY YEAR			-	
ending phys ending phys this certifico te buriol-tror d Mentol Hy d or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	MINER) P.M. 21e. PLACE OF INJU	19 RY	21f. LOCATION			
After that as the lith and arked arked	ME	WHILE NOT WHILE O		DRY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	VN COUNTY	STATE
After After e as tl		AT WORK	hospital) attended the decea	and from	10	. A	1 2 2 9	
OR OF US			ive on April 7		d that in (my) (our) opinion	death occurred on the do		that (I) (we) lost
RECT RECT RECT ed for		22b. SIGNATURE	did not) view the body ofter de		DEGREE	and the decorate on the de	22c. DATE	
the hartoche Direction	10	(1)	CHI	Li	ATTENDING	MEDICAL _ STAF	F _ 1	SIGNED 1070
ERA ERA Start	-	22d. PHYSICIAN'S NAME	TYPE OF BRIDE	1	PHYSICIAN TO	DIRECTOR PHYSIC	- //	06,1919
etained by the standard of the		Charles	E. Green	MD	900 Ca	You Av.	Oatt. MD	21223
T 5 F 0 > Z	23a.	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF CI	METERY OR CREMATORY	23d. LOCATION	LOUNTY	STATE
BP		BURIAL	04-10-79	BALTIMO	RE NATIONAL	BALTIMOR		RYLAND
H - 16 60M 7/73		UNERAL DIRECTOR		ADDRESS		E REC'D. BY REGISTRAR	254 RE STRAR'S SYNAY	See de
VR A 15 (4))	HU	BBARD FUNERA	L HOME, INC.,		NS AVE. AP	R 10 19/9	Market Market	7



DIVISION OF VITAL RECORDS,

FOR

REGISTRAR

- STATE

BP

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

AL HYG H	IENE 7 C	- 0	84	8 5		
	20. DATE OF DEATH A 4/19/79	AONTH	DAY	YEAR		2A M
AR 79	6. AGE (IN YEARS LAST BIRTH	YRS	MONTHS	DAYS 7	HOURS	24 HRS MIN
204	9 BALTIMORE CITY OF Baltimore 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	Count	y 12b.		F BUSINE	MD ESS OR
AITS?	4505 Mai	nfie	1d	Ave	•	
L	MIDDLE ADDRES		Do	tso		
igby	7 4505 Mai		1d	Ave		
ensi	on		6	ETWEENC	are interiorset and	DEATH
			12	hou	ırs	
			7	day	/S	
IE TERM	INAL DISEASE OR COND	ITION GI	VEN IN F	ART Na	1	
	200 AUTOPSY? YES NO	20b. IF YE IN CERTI Y				
OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18,	PART I OR	PART 2)		

COUNTY STATE

> , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

> > . bM

(SPECIFY) Cremation Baltimore County, 4/21/ Westview Mem.

24 FUNERAL DIRECTOR ADDRESS NAME 1101 E. North Ave C. March F/H

58/80-87				
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		a A.		.5%
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ereco	Latenda	9552.8	. :=	7
. av A bir Maint 2004	Jerry Right			7-



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Tower Liverson of District Co. Operation of the Party 1979 Livers

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral director, poshould be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

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STA	ATE	OF.	MAR	RYLA	ND
910		~.	*****		4 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI	7 9 - REG. NO.	0848	7	
		CEASED NAME SOPHIE	T. RIPPEL	L	ASI	60. DITTE OF DETTIES	RIL 28	79	6:45A
d	3 SE	×	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTH	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
35	3	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		BALTIM	ORE C	DEATH CO (L.L.	TY MD.
54		TOWSON	11. NAME OF HOSPITAL, NURSIN GREATER CHIBALITO	O ME D		TYPE OF WORK FOR MOST OF		NDUSTRY	F BUSINESS OR
35	13a S	STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY 134 CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO X		ASMIN	E (30.
3030		JOHN	GROMEK		PAULIN	E STE	CZKOL	USKI	T.
medico	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU-	3273	Henry Howard	A Ruppel -	2019	Jasn	nine Rd.
injury, ar ather froumatic event, th	N	Conditions, if any, which gave rise to immediate couse (D), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ence of	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN	N PART 1(c	5)
ou C	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WE IN CERTIFYING	RE FINDIN CAUSES	IGS USED OF DEATH? NO []
18 su 18 su		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 (OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	и с	OUNTY	STATE
flem 21 is morked or frem 18 shows		obove, (I) (a) (did) (did a	APRIL the 28 osed from 7	, 01	nd that in (my) () opinion d	, to APRIL leath occurred on the do	te and hour and	from the	that (I) (we) lost couses stated
±		22b. SIGNATURE	Se.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN X	224 DATE	28/79
MPORTANI:		DR. S. P.	GIRDHAR		670L NORTH				
	(:	SURIAL, CREMATION, REMOVAL SPECIFY URIAL	1236 DATE 236.1	NAME OF C	AWN CEM.	23d. LOCATION STYPE TOWN REC'D. BY REGISTRAR) -	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

etained by the hospital or attending physician.

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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-08488

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0400
Ì	1 DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
۱	(TYPE OR PRINT) WILBUR	E.	ROBEI	RTSON	APRIL 18,	1979 4-30Am
1	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
t	MALE	WHITE	AUG	15, 1887 YEAR	91 YRS.	MONTHS DAYS HOURS MIN.
I	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
3	VIRGINIA	USA	WIDOWE		BALTIMORE COUN'	TY MD.
	10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI MANOR CARE 1	NURSING HOME C VE STREET ADDRESS) VURSING H	OME RUXTON	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI FARMER	176. KIND OF BUSINESS OR INDUSTRY FARMING
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COUNTY BAL	OTHER INSTITUTION, GIVE RESIDEN NTY 136 CITY OF TOWNS	OR TOWN	13d INSIDE CITY LIMITS?	333 OVERBROOK	RD.
a	14 FATHER'S NAME FIRST SAMUEL	H. ROBER	rson	15. MOTHER'S MAIDEN N	MIDDIE EIC	HELBERGËR
	160 WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIVI	WAR OR DATES)	32-2041	DENWOOD N.	ADDRESS . KELLY 119W. LAKE .	AVE. 21210
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	DBY	(b) and (c)	rdia e si	hoilure_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4409 IMMEDIA	DUE TO, OR AS A CO	NSEQUENCE OF	at.	/ ,	
1	Conditions, if ony, which	(b)		(Vileriose)	lerosis	
	couse (a), stating the underlying cause lost	DUE TO, OR AS A CO	NSEQUENCE OF			
		CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this hosp saw the deceased alive on above, (1) (we) (did) (did no	april 18	19 79 00	nd that in (my) (our) opinion	n death occurred on the date and har	19 7 , that (I) (we) last ur and from the couses stated
	226 SIGNATURE	Took In coor after deen		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED 4-18-79
	22d. PHYSICIAN'S NAME (TYPE C	PRINT)		6805-46	ort Rd	
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE APR. 23,1979		EMETERY OR CREMATOR	Y. 23d. LOCATION BALTIMORE	COUNTY MD STATE
	24 FUNERAL DIRECTOR		DRESS	25a. D	AEBEG D. BY REGISTRAR 256 REGIS	TRAKS SIGNATURE

MITCHELL WIEDEFELD HOME 6500 YORK RD.

BP.

retained by the hospital

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit. with the State Dept. at Health and Mental Hygiene prior IMPORTANT: If Hem 21 is marked or Item 18 shows any

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DAX.0035.10010						
214 115. LAL AVE. 21310	42500	218-32-2041				

AH. 28, 1979 M. OLIVE ON.

Herend Signal

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2h HOUR April 6 . 00 am 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY STEEL 13e STREET ADDRESS 5/010 ALLENDER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Renal Insufficiency, Multiple Myeloma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22c. DATE SIGNED

23d. LOCATION

21230

COUNTY

STATE

BALTE. COUNTY STATE MD.

STAFF

24. FUNERAL DIRECTOR AODRESS NAME 300 MACE

E CENNELL

DHMH - 16 50M 7/77

(VRA 15 (4))

250. DATE REC'D. BY REGISTRAR 256. RESEATHAR'S SIC NATION

88.80-81 - August 19.00 18.89 Burney Tropics Land to company of the many CONTRACTOR OF THE STATE OF THE

ex	1-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 9 0 8 4 9 1					
and the same of th		CEASED NAME DE OR PRINT)		Roy Rob	* NSON	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 25 HOUR
PETER OUR FILES 72 HOUR N STREE	3. SE.	ale Black	5. DATE OF BIRTH MONTH DAY 10-9-9	6. AGE (IN YEARS IF UN	NDER 1 YR. IF UNDER 2		MONTH DAY YEAR 2d. HOUR 4 20 1979 35 M
NECESSAIN, EER- FUNERAL DRECT 5 FOR YOUR FILL WITHIN 72 HOU W. PRESTON STRE	7a. B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	IED NEVER MARRIE	D 4 / 1 / 1 / 1 / 1 / 1	DR COUNTY OF DEATH
. If ANY DELAY IS NEC 2. AND 3 TO THE FUN 3. RETAIN PAGE 5 I SHOULD BE FILED, W	I	ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE				PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY	
IF ANY DI P. AND 3. RETAIN SHOULD E	USU, 130. S Ma	AL RESIDENCE (IF IN NURSING HOME O TATE Aryland Balt	ROTHER INSTITUTION, GIVE TY LIMORE	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NOX	3321 Essex	Road
MA PATHOS	c r	ather's name Nashley Robins		LAST		ne Bellamy	LAST
BALTIMORE, URS AFTER DE 8. GIVE PAGES WITH FORM PAGES 1 AND DIVISION OF	160.		AED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 238-26-6049	Ella Ste	venson 3321	
RECORDS, 301 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOL PENDING" IN PENCIL IN ITEM 18 ET MEDICAL EXAMINER ALONG Y ET ARGICAL EXAMINER ALONG Y HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	2	18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIAT Candifians, if any, which gave rise to immediate cause (a) stoting the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONDITIONS CONTROL OF THE P	PBY: E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE OF	E OR CONDITION GIVEN IN PART) o S 1 S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITM	ON FOR WHICH OPERATION W	'AS PERFORMED?		20. AUTOPSY? YES NO
DIVISION OF VITAL S CERTIFICATE SHOI RITING THE WARD DOED TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL!	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	MONTH DAY YEAR		(ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
PIVIS R: THIS CER TE, WRITING ORWARDED S: PAGE 3 S STATE DEP	WED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK			CATION STREET	CITY OR TOWN	COUNTY STATE
EDICAL EXAMINEI TE THE CERTIFICA 4 SHOULD BE FO NERAL DIRECTOR DEATH, WITH THE		278. I certify that I tack charge of the remoins described obove, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE					
TO MI PAGE TO FILE PAGE AFTER BALTIN	. (4-24-79	230. NAME OF CEMETERY O		Whiteville	N.C.
DHMH - 17 (VR A15 ME (5)) 30M 7 773		uneral director NAME J.C. March 1:	LO1 E. No	orth Ave.	250. DATE RE	CD. BY REGISTRAR 256. RES	ISTRAN'S SIGNATURE

20180-01 THE OVER ME OF

STATE OF MARYLAND 79-08493 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MONTH YEAR 2h HOUR :05 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore XXX County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MECHANIC LAST DERER ADDRESS APPROXIMATE INTERVAL

COUNTY

COUNTY

STATE

22c. DATE SIGNED

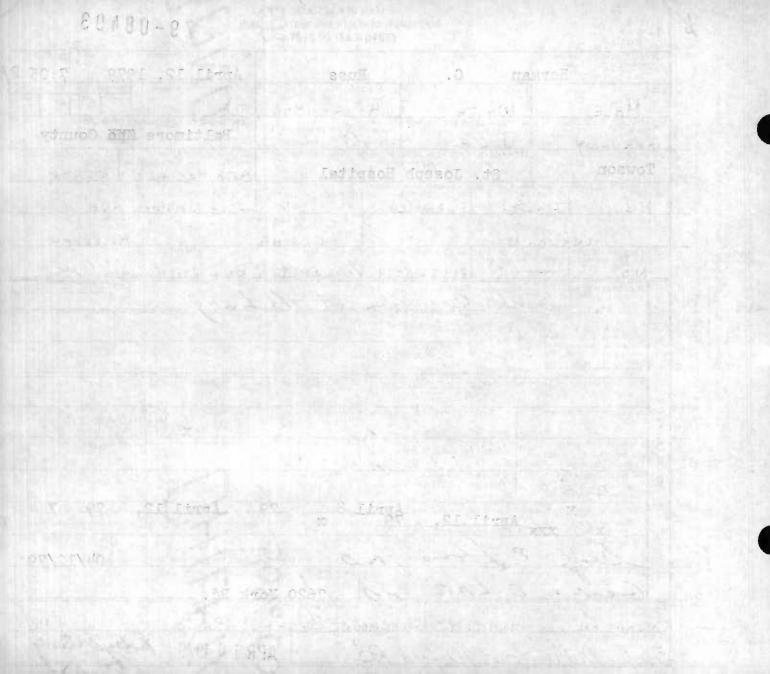
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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR



FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

LAST IMMEDIATE CAUSE (0) Cardiac Arrest secondary to acute Myocardial Infarction PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 4/9/79 DIRECTOR PHYSICIAN X 9000 Franklin Square Drive STATE MO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAL'S SIGNATURS J. G. CONNELLY 300 MACE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7h HOUR

5:35

HOURS

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

79

DAYS

IF UNDER 1 YEAR

9

16180-61 MEN SHE WASH Saparan Edward See Hell Share THE SEALTH ESTEX OF THEFT PER PR TERRETOR RECORDER SERVING CONTROL and the state of t J. G. Cold State Cold Same and St. 1 & 1875 Line years as the

(VRA 15, 4) 7/78

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) Marion Scallio April 21 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HRS AONTHS OAYS HOURS Female White july 30, 1908 O BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Ohio USA Baltimore County, WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital Brooklyn Retail Clerk retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1131 COUNTY 1131, CITY OR TOWN 13. STREET ADDRESS 1130 W. Lomberd Street Baltimore 13d INSIDE CITY LIMITS? Marylend YESXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 0 AA ID OU F Ester Rosenbero 20 Joe Cohn 17 INFORMAN Breensboro . NADORESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-22-2883 Mr. Milton F. Friedman, 3808 Medison Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest, Congestive Heart Failure DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) Atrial Fibrillation, Gastrointestinal Ulcer 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [burial-tronsit p 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 I certify that X (this hospital) attended the deceased from April 21, 19 Apri April DIRECTOR sow the deceased always on APTI ZI above, (Alwe) (did) (and any view the body after death and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detor 4/21/79 MPORTANT DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME LEADER OF PRINT 22ª ADDRESS A. Daghestani, M.D. 9000 Franklin Square Drive 21237 23g. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE STATE Westview Mem. Park Cetonsville.Belto. Buriel 24 FUNERAL DIRECTOR 1630 Edmondson Avens Catonsville Md 250. DATE REC'D. BY REGISTRAR IN REGISTRAR'S DHMH - 16 50M 7/77 (VR A 15 (4)) 21228 Vitzke Cetonsville Funerel Home. P.A.

79-08-07		
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	Cohn	Track His
TEDALE TORS OF A SECOND	Marie	bn _
		EMPARIL

William E. Johnson 8521 Loch Raven Blvd.

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST . DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) ADELINE FRANCES SCHAFFNER 04 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAYS FEMALE 21 WHITE 09 96 82 TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY MARYLAND U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LANSDOWNE 323 FIRST AVENUE WESTINGHOUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ASSEMBLY LINE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE LANSDOWNE YES [323 1ST AVENUE. 21227 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIODLE 90 31 UNKNOWN ROBERT GURNEY MARY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. HANOVER, MD. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) NO 220-22-9164 JOHN E. SCHAFFNER 6200 HANOVER ROAD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO sho not-transit 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21¢. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from Beceased olive on. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 0 the body after death DEGREE ATTENDING MEDICAL STAFF lote PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: ould be on the St 22d PHYSICIAN'S NAME (THE CHEMIT 22e. ADDRESS MORRIS W. STEINBERG. 3913 HOLLINS FERRY ROAD M.D.

STATE OF MARYLAND

230 NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

21229

4107 WILKENS AVE

23d LOCATION

CITY OF TOWN

BALTIMORE CITY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2b. HOUR

HOUR5

LAST

IF UNDER 24 HRS

STATE

STATE

MARYLAND

COUNTY

ritary Malready

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL

HUBBARD FUNERAL HOME.

(SPECIFY)

BURIAL

24 FUNERAL DIRECTOR

23b. DATE

04 - 23 - 79

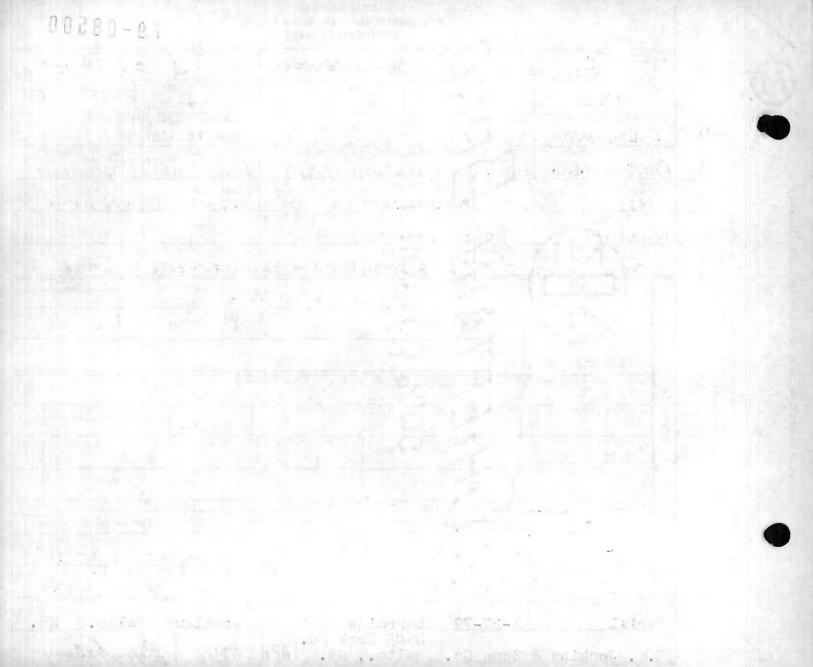
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ADDRESS

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1	1			STATE OF MARYLAND	.0~	
X	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 79	-08500
death death	1. DE (TYPE	OR PRINT) GEORG	E W.	SCHLUDERBERG	20. DATE OF DEATH MONTH D	4-79 10 00 AM
rector, pours after o	3 SE	MALE	4 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR 9 9 9 9 9 9 9 9 9 9 9 9 9	84 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
nord di no 72 ho		RTHPLACE ISTATE OR FOREIGN DUNTRY) 1ARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. COUNTY	
by the fur is after d with notified with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI BALTO . CO . G.	1/ -	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 GRAPHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. If the this certificate has been signed by the attending physician and completely filled in by so the burial-transit permit. Then please remove carbonopepers. Pages 1 and 2 should be fill th and Mental Hygiene prior to burial, cremation, or removal. A Complete of them 18 shows any injury, or ather traumatic event, the medical examiner must be not all the complete or them 18 shows any injury, or ather traumatic event, the medical examiner must be not all the complete or them 18 shows any injury, or ather traumatic event, the medical examiner must be not all the complete or them 18 shows any injury, or ather traumatic event, the medical examiner must be not all the complete or the complet	USU. 13a. S	TATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BER NTY 13c. CITY OR TO BALTO.	WN 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 3613 LOCHEA	THE NEW YORK
MARYLA ed within and 2 sh examine	WEA	THER'S NAME FIRST ILLIAM	MIDDLE SCHLUDER	BERG 15. MOTHER'S MAIDEN NA.		LAST
IMORE,		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	RMED FORCES? 166. SOCIAL SE WE WAR OR DATES) 212-38		ADDRESS CHLUDERBERG	SAME
rificate I physicio an popers emoval.			nly one couse per line for (a), (b), ED BY: TE CAUSE (a)	House Degod	ardial.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce		4/0 - Conditions, if ony, which	DUE TO, OR AS A CONSEC	UENCE OF	marcher	
hat the oby the oase remote of the cather tra		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
RDS, 30 equires to signed the ple to buriourly, or injury, or inju	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
AL RECOI	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO	WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN: T ang physici certificate ririal-transitional Hygin term 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	Alti	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
JUS PHYS afferdin ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIII oital ar TOR: A ar use of Health			ital) attended the deceased from		death accurred on the date and hour	9, that (I) (we) lost and from the causes stated
0 0 0 0 5		22b. SIGNATURE	Hierori	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4 -24-> 9
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE C	MARTORI	220 ADDRESS 540	ll fur Ju	D 21133
PP	{	URIAL, CREMATION, REMOVAL PECIFY)		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
		ırial INERAL DIRECTOR		orraine Park	Woodlawn Ba	
DHMH - 16 60M 7/73 (VR A 15 (4))		NAME		905 York Rd. Salto., Md. APR		my habredy



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Grant Kenneth Schmick March 10 1979 3 . 5 M 3. SEX A RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR Male White May 1918 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY Maryland MARRIED NEVER MARRIED U. S. A. Baltimore City DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR The Johns Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Service Man Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. CQUNTY 136. CITY OR TOWN Caroline Federal shur Maryland 13c. CITY OR TOWN 13d INSI Smithville Road 13d INSIDE CITY LIMITS? NO M 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 地の MIDDLE MIDDLE Schmick John Elsie Gehringer 45 63 ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Yes WW 215-18-9930 Mrs. Carlene Schmick Federalsburg 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if ony, which 2011 RO 81100 Oho sarcamo gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per YES [NO V 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) PAA 10 8 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from MARCHE MARCHIO DIRECTOR 10 MARCH sow the deceased alive an 0 obove, (1) (we (did) (did not) view the body after death Dept 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME LTYPE OR PRINTS 22e. ADDRESS ould be HOSPITAL MBODEN JUHN 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Car. Md BP. Burial March 13 Hillcrest Federalshu 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77

Killiamson

(VRA 15(4))

STATE OF MARYLAND

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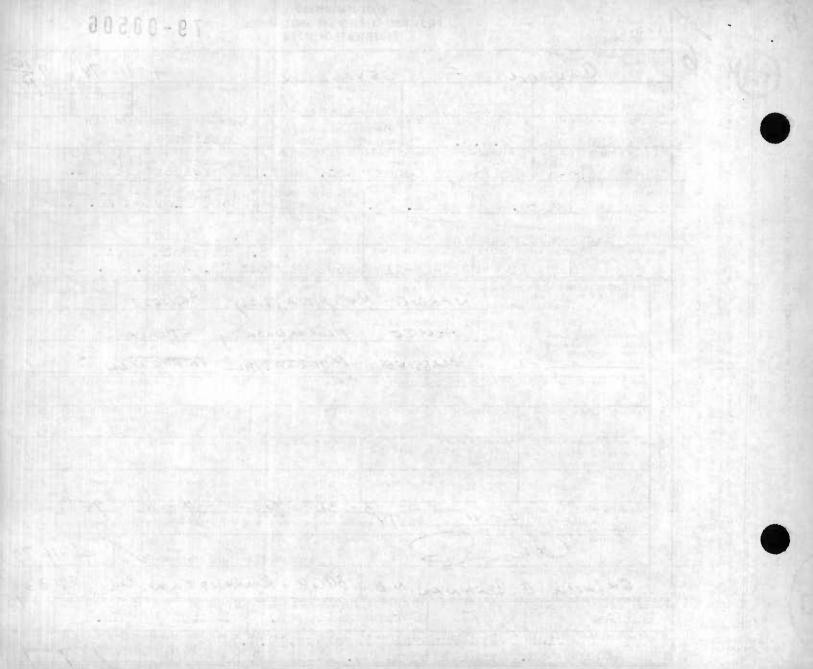
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STATE OF MARYLAND 79-08503 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME SCHREIL 20 DATE OF DEATH MONTH DAY 2b HOUR (TYPE OR PRINT) EUGENE 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) SEPT DAYS 70 BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COLINTRY MARRIED & NEVER MARRIED 635 WIDOWED DIVORCED 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT INSIGHT FICILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR YES OF WORKED MOST OF WORKING LIFE) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 GIVE RESIDENCE BEFORE ADMISSION JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 13d INSIDE CITY LIMITS? 14 FATHER'S NAME LAST dical 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMAN (YES, HOOF UNKNOWN) (IF YES, GIVE WAR OR DATES) ECORDS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse to), stating the otho underlying couse lost 50 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ronsif per Hygiene shaws NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 20 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (wendid) (did not) view the body after death 22b. SIGNA + ATTENDING STAFF should be dete with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 0 23a. BUPHAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATOR STATE URIA Morislami MENDRINII 25b RECUELDAR BANG DHMH - 16 60M 1/75 UMERAL CHAPE (VRA 15(4))

APR 0.5 979

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) JCHUSTER 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) APRIC. YRS TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR WORK FOR MOST OF WORK IN LIFE) ELECTRICIAN 10WS OX PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 36 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line je PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CON Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse Som 18m RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO YES [Нув 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY -0 Pu (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE P NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from Mar 14 sow the deceased alive on cobove (M) we) (did (did not view the body after death , and that in (100) (our) opinion death accurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL uld be deto h the Stote PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY REGISTRAR 256. REGISTRAR'S DHMH - 16 60M 1/75 (VRA 15 (4))

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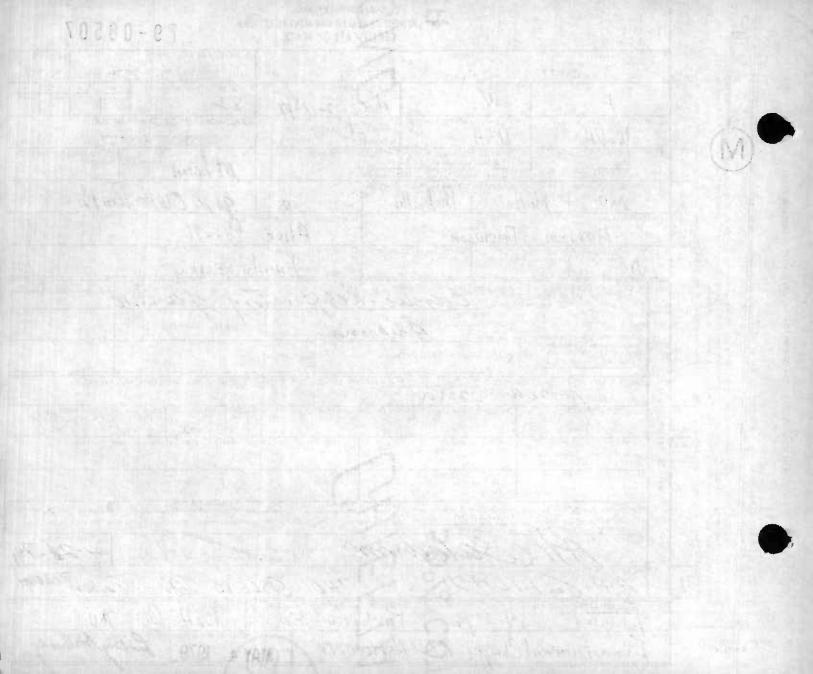
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08507

REGISTRA	AR			CERTIFIC		REG.	NO.		
1. DECEASED NA	AME FIRST		MIDOLE	LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
(HIPE OKPKINI)	CALLI	. (3.	SHELTO	ON	APRIL	26,	1979	8:20
3. SEX		4 RACE		5. DATE OF E	DAY 184EAR	6. AGE (IN YEARS LAST)	BIRTHDAY]	MONTHS OAY	
70. BIRTHPLACE	UA,	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY BALTIM	OR COUN	TY OF DEATH	
	ISON	ST.	JOSEPH HO	SPITAL	OTHER INSTITUTION	TYPE OF WORK OR MOS	T OF WORKING	G LIFE) 12b. KIND INDUSTR	OF BUSINESS (
M STATE	CE (IF NURSING HOME		13c CVY OR TOW	1/2 13	d. INSIDE CITY LIMITS?	13e STREET ADDRES	NU KA	reform R.	
14 FATHER'S NA	APPISCH .	MIDDIDAVIU.	-		MOTHER'S MAIDENN	SOWE TOPLE			AST
160. WAS DECEA	SED EVER IN U.S. A KNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECU	URITY NO. 17	INFORMANT FAM	1 000	SRESS		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08508

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26 AHOUR		April 22,	IERWIN	RLYLE S	FIRST CA	EASED NAME FIRS DR PRINT) VERNO	
	MONTHS DAYS YRS.	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS		ite S DATE	4 RACE W	Male	3 SEX
		9. BALTIMORE CITY <u>OR</u> COUN Baltimore C	NEVER MARRIED	S.A. WIDOW	U	THPLACE ISTATE OR FOREIGN UNTRY) Kansas	cou
D OF BUSINESS RY WSpape:	ON 12h KIND C	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING News Editor		HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS) Medical Ce	Mult	Y OR TOWN OF DEATH TOWSON	
Pkwy	iversity	13e STREET ADDRESS 500 W. Unive	YES X NO	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	GAOME OR OTHER INSTITUTE COUNTY	aryland	13a ST.
	Ransom	WIDDIE	Maud Maud	Sherwin	MIDDLE .	John	
7 hen St	Md. 21217 01 McMech	Sherwin 301	Evelyn L.	166 SOCIAL SECURITY NO. 213 03 0922	U.S. ARMED FORCES' IF YES, GIVE WAR OR DATES)	AS DECEASED EVER IN U.: (IF YE NO	(YES
DINGS USED SES OF DEATHS	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES	IN CER		NTRIBUTING TO DEATH BU			S L
2)	YES THE YEAR TO THE YEAR THE YEAR TO THE Y	YES NO ED (ENTER NATURE OF INJURY IN ITEM 1	21c. HOW INJURY OCCURE	FINJURY M. MONTH DAY YEAR M. 19	USE OF DEATH HOUR	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAM	
STATI	n county	CITY OR TOWN	ZII LOCATION STREET	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	D 21e PLAC	21d. INJURY OCCURRED	1 × 1
that (1) (we the causes state ATE SIGNED	22c. DATE	MEDICAL STAFF DIRECTOR PHYSICIAN	DEGREE ATTENDING .		aline on A to bo	2201 certify that (II) (this saw the deceased almost (Prime) (200) (p 220, SIGNATURE	1
				IN NAME OF	NE THAN ON MINITED	274 PHYSIGIAN'S NAME	1

DHMH - 16 50M 1/76 (VR A 15 (4))

Walter Brooks Bradley Inc Balto., Md. APR 25 1979

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

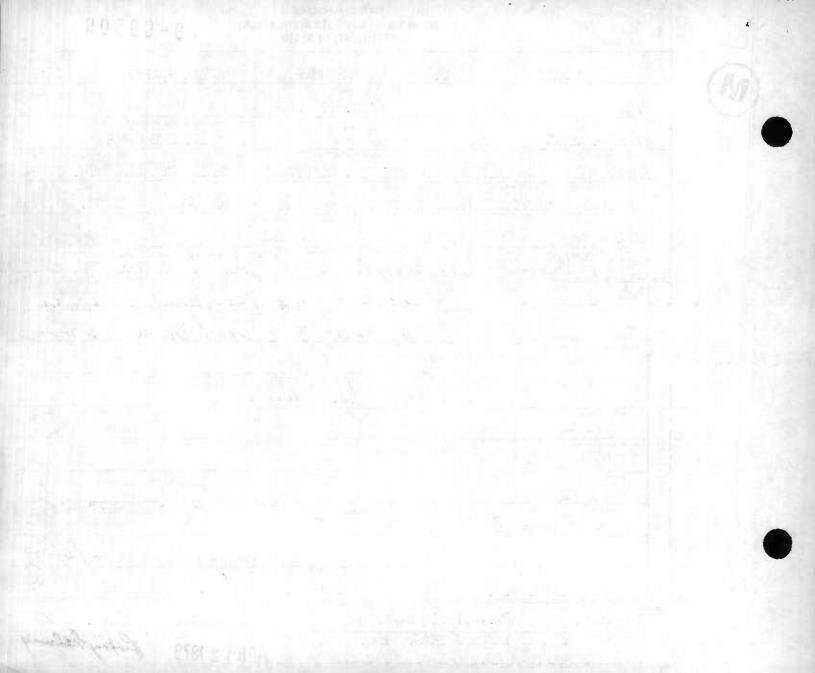
79-08509

55%		REGISTRAR				CEKII	FICATE OF	DEATH	RE	G. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEA		DAY YEAR	26 HOUR
	(Tree	OR PRINT)	WARD		D.		SHIN	DLE	APRII	9, 19	79	12:34 A
	3. SE	X		4 RACE			OF BIRTH	-	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	
		MALE		WHITE		MON'	üG. 11	, 1909	69	YRS	MONTHS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUN	MARRI	XX NEVE	R MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
15		PENNSYLVAN	IA	USA		WIDOW		DIVORCED	BALTI	MORE C	OUNTY	MD.
7	40 CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER IN	ISTITUTION	12a USUAL OCCU		126 KIND C	OF BUSINESS OR
55		ANDALLSTOW	N	BALTI	MORE C	OUNTY G	EN. HO.	SPITAL	CRAIN	OPERAT	OR BETH.	. STEEL CO
21	13a S	STATE	136 COUN		13c CITY OF	E BEFORE ADMISSION	13d INSIDE	CITY LIMITS?	13e. STREET ADDR	ESS		
10		MARYLAND	BAL	TIMORE	RANDA	LLSTOWN	YES 🗌	NO XX	8402 DC	WNEY D	ALE DR.	#21133
43,		ATHER'S NAME	N	HODLE	1.45	T	15 MOTHE	R'S MAIDEN NAM	ME) (F	IA	ST
		BAILEY			SHINDL	E		PHOEBE			UNEN	own
1	16a V	VAS DECEASED EVER		AED FORCES?		SECURITY NO.			YETTA RA		DLE	
		YES		-NAVY	2/3-0	7-8145	1 8402	DOWNEY	DALE DR.,	RANDA	LLSTOWN,	, MD 2113
		18 CAUSE OF DEAT	H Enter onl	y one cause per			2		1	,	APPROX BETWEEN	ONSET AND DEATH
		PART 1. DEATH W		CAUSE (a)	1000	aunt	I Can	-dea-	Prolin . Co.	rest	don	mely!
		11260			PASACONI	SEQUENCE OF		,	1 1			
	9.5	Conditions, if any,	which	(,b)	K AS A COIV.	ASC	UD	E C.	Heart	Delase	6	mas -
	. 3	gave rise to imn cause (a), statio		DUE TO O	DAS A CON	SEQUENCE OF						
71	98	underlying cause	lost	1000	K AS A COIN.	DEOUEINCE OF					1 30	
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	G IO DEATH BU	T NOT RELAT	ED TO THE TERM	INAL DISEASE OR (ONDITION G	IVEN IN PART 1	a)
	ON		/	ove	bro	GSLV	1/dv	diser	2-6			
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATION	ON WAS PER	FORMED	20a AUTOPSY?		ES, WERE FINDIN	
9	TF	-							YES NO	-	TIFYING CAUSES YES []	NO T
1	CER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C				INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	, PART 1 OR PART 2)	
9	AL	OR CONTRIBUTING		n	M. MONTE	DAY YEAR						
/	MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY		21f. LOCA				001111711	
	×	WHILE NOT WE AT WO	RK	(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC)	STRE		CITAC	RTOWN	COUNTY	STATE
	13	22a. I certify that (1)	-	ol) ottended, th	ne deceased f	rom(that	19.79	4	18	19 79	that (1) (we) lost
4.7	30	sow the decease	d alive on	3/	3/	19 79 .0	and that in (m	y) (our) opinion o	death occurred on t	he date and ho	our and from the	causes stated
		226. SIGNATURE	ia) aia nai	view the bady	affer death.		DEGREE				22c. DATE	SIGNED
			1/	4/5	U	w.	Ins	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN	4/	9/7%
1		22d. PHYSICIAN'S NA	ME (TYPE OR	BRINT)		1	22e ADDR	ESS		100	1//	7
		MORTON E	LLIN,	M.D.			531	O OLD CO	OURT RD.	RANDAL	LSTOWN,	MD 21133
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	1070			R CREMATORY	23d. LOCATION		- GONNEY -	STATE
		SPECIFY) BURIAL		APR.10	-	HAR SI	NA1	10.7	GARRI.		BALTO.	MD™
1 2	24 EI	INTERAL DIRECTOR	001 1	EUTHONE	C DDI	C THO		25a DATI	E PECID BY PEGIST	DAD 75h DECL	CLAN DE SINN	1100

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. MD 21215 BALTO.



requires that the death certificate be executed within 24 hours ofter

OR ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumotic event, the medical

MPORTANT: If item 21 is morked or item 18 shows ony

must be notified of once.

	STAT
FOR	DEPARTMENT OF
- STATE	CEPTI

TE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-08510

DECEASED NAME	-IRST	WIDOLE	ı	AST	7-94	20. DATE OF	DEATH A	HINOI	DAY YEAR	2b HOUR
	Florence	Agnes	Simms			April	7, 19	79		3:00
SEX	4 RACE		5 DATE C			6 AGE (INYE	ARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	
Female	Whit	e	7	27	97	81		YRS	MONTHS DAYS	HOURS
BIRTHPLACE STATE OF FORE	IGN 76. CITIZEN O	WHAT COUNTE	RY? 8	D NEVER MA	ADDIED [9 BALTIMOI	RE CITY OR		OF DEATH	
Maryland	USA		WIDOWE	_	ORCED [Balt	imore	Coun	tv	
CITY OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INSTIT	TUTION	120 USUAL C				OF BUSINESS
Rossville		lin Sq		ospita	1	House		WORKING ER		emakin
SUAL RESIDENCE (IF HURSING			FORE ADMISSION)	13d. INSIDE CIT		13e STREET A	DDDESS			
Maryland	COOKIT	Balti			NO [Be1a	ir i	Road	
FATHER'S NAME				15. MOTHER'S A						
William	Henty	Thom	pson	Jan			WIDDLE		F	
WAS DECEASED EVER IN	U.S. ARMED FORCES?			17 INFORMAN			ADDRES	S		7.32
(YES, NO OR UNKNOWN) (I	FYES, GIVE WAR OR DATES)	215-7	8-8251	AP	nes M	Fire	nkase	98	76 Rel	lair R
18 CAUSE OF DEATH	Satar anti- and assure a			- A-D	1200 11		-	, , , ,		ONSET AND DEAT
PART I. DEATH WAS	CAUSED BY	C		0303000	+					
i i i	MEDIATE CAUSE 10)_	Cararon	ULIIOIIal	y arres	C					
1101										
100		OR AS A CONSE								
Conditions, if ony, w				restive	heart	failur	е		LANGE	
gove rise to immed	hich (b)	or as a conse		restive	heart	failur	e			
gove rise to immed couse (o), stoting	hich (b)		a, cons	gestive	heart	failur	e			
gove rise to immed couse (o), stoting	hich (b) DUE TO,	pneumoni	a, cons	gestive :	heart	failur	e			
gove rise to immed couse (a), stating underlying couse	hich (b) DUE TO, (c)	oneumoni or as a conse	a, cons			1		ITION GIV	VEN IN PART I	(0
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DHMH - 16 50M 7/77 (VR A 15 (4))

Lassahn Funeral Home

ADDRESS 401 Belair Rd APR 12 1979

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-08511

11200-01 TO DESCRIPTION OF THE PROPERTY Market as the contract of the Light of the Control of the Control

STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08513

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2ª DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) Slate 7:15A April 1, 1979 George AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX 1912 Male White BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore U. S. A. Baltimore County, WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Franklin Square H (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville, Md. Electrician Porter Elect.Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13 CHYORTOWN Middle River 130 STREET ADDRESS 13d INSIDE CITY LIMITS? Md. 6804 Cornell Rd. Balto. Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank FIRST MIDDLE Daily Irene ADDRESS Daltimore, Md. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216-03-5263 Mrs, Martha E. Slate, 6804 Cornell Rd. 21220 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Chronic Obstructive Pulmonary Disease DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Z YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE March 28 Apri 220 I cortify that (X(this hospital) attended the deceased from_ sow the described alive on April 1, above 11 (we) Wid (Vant) view the body after death. and that in Thy) (our) opinion death occurred on the date and hour and from the causes stated 276. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 4/1/79 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 9000 Franklin Square Drive HNIN 21 THET. 23d LOCATION CITY OR TOWN Monkton 23e BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore Mary Land 4-4-1979 Westley Chapel Cem. Burial PAR DATE RECOGNISHED STRASPUL REGISTRAS AND RECOGNISHE

Kingsville, Md. 21087

DHMH-16 20M

should b

MPORTANT

(VRA 15, 4) 7/78

requires that the death certificate be executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, I should be detacked for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours offiwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08514

REGISTRAR			CERTIFIC	ITCAIL OF D		REG. NO).				
DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH	ниом	DAY	YEAR	26 HOL	JR
(TIPE ORPRINT)	FLORA	F.	S	LIFER			04	30	79		A. N
3. SEX		4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIRTI	IDAY)		ERIYEAR	IF UNDER	
FEMALE	S.ESTA	WHITE	MONT 09		93	8.5	YRS.	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8.	ED NEVER M	- 20 - 20	9 BALTIMORE CITY O			EATH		74 5
PENNSYLVAN	TA	U.S.A.	WIDOW		ORCED	BALTIMORE	COL	INTY			ME
O CITY OR TOWN OF	DEATH	11. NAME OF HOSPITA		OR OTHER INST	ITUTION	12a USUAL OCCUPATION			KIND O	F BUSIN	ESS OR
HALETHORPE		4610 RIDGE				HOMEMAKER			,001K1		
USUAL RESIDENCE (IF)	URSING HOME OR	OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION	1 13d INSIDE CI	TY HAAHTS?	13e. STREET ADDRESS					
MARYLAND			LETHORPE	YES [NO X	4610 RIDGE	AVE	ENUE.	. 213	227	
1 FATHER'S NAME		WIDDLE	LAST	15. MOTHER'S	MAIDEN NA				ĮAS		
WILLI			RANK		NDORA	WIDDLE			WOLL		
60 WAS DECEASED EN	ER IN U.S. AR	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMAL		ADDRE	SS				
(YES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	5-10-1886	MRS. M	ARY HAN	MMOCK, 4610	RIDG	F AL	ENUE	E. 21	227
	ATH (Enter on	ly one couse per line for I		1		7	11.7		APPROXI		RVAL
	H WAS CAUSE	D BY:	lune	elevi	00	ucelra Vol	cocks	4			
11	IMMEDIAL	E CAUSE (o)	_			-61 Feb.				100	
4029	,	DUE TO, OR AS A G	ON SEQUENCE OF	e e	ax	7					
Conditions, if		(b)	serene		011.	/					
gove rise to		DUE TO, OR A	ON SECULENICE OF	-							
	use lost	DOE TO, OR A	Linker	her							
DART 2 OTHER S	ICNIEIC ANT (CONDITIONS CONTRIBUT	TING TO DEATH BUT	T NOT PERMITED	TO THE TERM	NINAL DISEASE OR CONE	VITION C	IVEN IN	PART 1/2		
	NOTHING ALTO	ONDITIONS CONTINUED	11/1/1		TO THE TERM	WAL DISEASE ON COINE	1110140	11 61 4 11 4	TAILT TIE		
190 DATE OF OPE	RATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFOI	RMED	20a AUTOPSY?			EFINDIN		
E						YES NO		TIFYING T	CAUSES	OF DEA	
21g. ACCIDENT WAS	UNDERLYING F	236 TIME OF INJURY	/	121/ HOW IN	ILIRY OCCUPE	RED (ENTER NATURE OF INJUR	_		PART 2)	140 [
	_				JONI OCCOM	KED (ENTER NATURE OF INJUR	T IN TIEM TE	S, FART TOR	[FANT 2]		
(IF EITHER, NOTIFY M		P.M.	19							4.35	
21d. INJURY OCC		21e. PLACE OF INJUI		211 LOCATIO	IN	CITY OR TOW	N	CO	UNTY	9	STATE
	T WHILE	(ATTIOME, STREET, FACTO	AT, OFFICE, FARM, ETC.)								
220.1 certify that	(I) (this hospi	tal) attended the deceas	ed from / 6	954	19	10 4/3	30	19	79	that (1)	(We) los
sow the dec	eosed olive on	4/25	1979	and that in (my)		death occurred on the do	te and h	our and f	from the		y ,
abave. 11 dw	el (did) (did no	t view the Body ofter dec	oth.								
226. SIGNATURE		011	100	DEGREE	TTENDING	MEDICAL STAF	2	2.	2c. DATE	BIGNED	_
(b	nu	6 X/le	1 100	F	HYSICIAN	DIRECTOR PHYSIC	IAN	(5/1	//	9
228 PHYSTOTAN	NAME (TYPE O	R PRINTY		22e ADDRES	5						
JOHN C.	HEALY	. M.D.		1311	FRANCT	S AVENUE, BA	TTTN	ORE	MD	21	227
30. BURIAL CREMATIC			23¢ NAME OF	CEMETERY OR C		23d. LOCATION	THE PERSON NAMED IN				
BURIAL		05-02-79	LOUDON	PARK CE	METERV	BALTIMOE	E CI	COUNT		RYLAI	ND
4 FUNERAL DIRECTO	R	05-02-19	THOODON	21229		E REC'D. BY REGISTRAR					.40
- CHENNEDINECIO				411.47	1		23		-	-	

4107 WILKENS AVE.

DHMH - 16 50M 7/77 (VR A 15 (4))

HUBBARD FUNERAL HOME, INC.,

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lareretained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Ernest Smith 79 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS SEX 4. RACE PRONOUNCED male white To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County DIVORCED O CITY OR TOWN OF DEATH BALIC. Gunpowder woods in Falls Park ARNEN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREEL ADDRESS 412 NRU NO A YES . 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE UNKNOWM 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Record APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Exposure (cold) IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Arteriosclerotic cardiovascular disease 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL, O YES X 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ASM. MONTH DAY YEAR UNDERLYING XX OR MEDICAL ? P.M. 4/3 CONTRIBUTING CAUSE OF DEATH walking outdoors 21e PLACE OF INJURY (AT HOME. 21E LOCATION 21d. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE park Gunpowder woods, FallsPark Balto.Co. MD 22a. I certify that I took charge of the remains described obave, held an Inspection ond in my apinion Accident Suicide Homicide Undetermined manner 4/5/79 PAGE 4 SHOUNTO TO FUNERAL DAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER Virginia L. Dolan, M.D. 111 Penn Street, Balto, MD EXAMINER'S NAME (TYPE OR PRINT) MeThodist **DHMH-17** (VR A15 ME (5)) 15M 7/76

C	1580-	6 A MERCAN				
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haland	614	APR 8 1979				

STATE OF MARY
DEPARTMENT OF HEALTH AND

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFIC ATE OF DEATH

79-08516

		REGISTRAR		CEKITI	ICAIL OF DEATH	REG. N	6.3	001	
	I. DEC	CEASED NAME FIRST ORPRINT) MAR	4	WIDOLE 5M	1TH	20 DATE OF DEATH	MONTH DAY 02	2 79	6 PM
	3. SE)	Female	White	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF U		HOURS MIN
5	CC	RTHPLACE (STATE OR FOREIGN OUNTRY)	u	WHAT COUNTRY? MARRIE WIDOWE	D DNORCED	9 BALTIMORE CITY O	TO,	COU	INTY
	!	TOWSON	ST. ST	HOSEPH HOSPI		Retired P		12h KIND OF INDUSTRY	BUSINESS OR
5	Mar	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL CYland		Baltimore	134. INSIDE CITY LIMITS? YES NO	3202 Gib	bons A	ve. 2	1214
C		Charles	MIDDLE	Smith	Laura	WIDDLE	Can	mody	
	16a V	VAS DECEASED EVER IN U.S. AF yes, no or unknown) NO	EWAR OR OATES)	216-03-4096A	Mrs. Joseph	ADDRE Kelly 3202			21214
2	CERTIFICATION	gove rise to immediate couse lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	(c) CONDITIONS <u>C</u> (R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT		INAL DISEASE OR CON	20b. IF YES, W	ERE FINDING	GS USED
1	TE					YES NO	IN CERTIFYIN		NO [
~ /	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P. 21e PLACE	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
. 1		220.1 certify that 4 (this hosp sow the deceased alive or above, (X (we) (did) (303)		ofter death.	DEGREE ATTENDING	, to APR . death occurred on the di MEDICAL STAI DIRECTOR PHYSIC	FF +	79 the condition of the	
1		BEATRIZ P.	1.0	, M.D.M	7620 YORK	RD. BALTO	. MD.	21204	+
	(:	Burial, cremation, removal SPECIFY Burial		79 Morelan		23d LOCATION CITY OR TOWN Baltimore	Count		yland
	■ 24. Ft	UNERAL DIRECTOR			IZSo. DAT	E REC'D. BY REGISTRAR	1230 MEGISTRAF	CS-SIGNATU	IRF //

DHMH-16 20M (VRA 15, 4) 7/78

Leonard J. Ruck Inc. Balto. ADOR Mid.

21214

APR 4

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08517

4		REGISTRAR			CERTIF	ICATE OF DEATI	п	REG. NO	5.			
		CEASED NAME FIRST	Λ .	MIDDLE		AST		20. DATE OF DEATH	NONTH D	AY YEAR	2b. HOUR	
7	(TYPE	OR PRINT)	2 / 02	m.	<1	parks	1000		4 2	C 79	150	
	3. SE)	Man	4 RACE	7.11	S. DATE	DE RIPTH		6 AGE (IN YEARS LAST BIRTH	1	IF UNDER I YEAR	IF UNDER 24 HRS	M
65)	3. SE/	^ T_	I A		MONT	OAY YE	AR	AGE (INTEARS LAST BIRTI		ONTHS DAYS	HOURS MIN	-
E			V		05	- 29 9	79	17	YRS.			_
9/	Za. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	ED 🗆	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
50		Maryland	USA		WIDOW	DIVORCE	ED 🗆		rose CO	unty	м	D.
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING THE FACILITY, GIVE STREET		OR OTHER INSTITUTIO	NC	TYPE OF WORK FOR MOST OF			F BUSINESS OF	R
3		Baltimore	Baltin	wolf count	VG	eneral Ho	991/	Homemake		INDUSTRI	_	
	USU	AL RESIDENCE (IF NURSING HOME COL	ROTHER INSTITUTION				1	11				_
因	130 5		imore	13c CITY OR TOWN Randalls:		136 INSIDE CITY LIM	AITS?	3611 Fie	1dsto	ne Road	7.	
	14 FA	ATHER'S NAME	Uniore	praraar 100 t	Jown	15 MOTHER'S MAID			000000			-
20		FIRST	MIDDLE	LAST		FIRST		MIDDLE	7	IAS	īT	
24		Everett		Sheats		Anna		Мау		vans		
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I LIFYES, GI	RMED FORCES?	166 SOCIAL SECUI		17 INFORMANT M	ms.	Nancy North	\$			
1		No	-	212-10-08	306B			Place, Crot		MD 211.	14	
		18 CAUSE OF DEATH (Enter of	nly one couse per	line for (o), (b), one	lici						MATE INTERVAL	=
		PART I. DEATH WAS CAUS	ED BY	C . 1:	5 0	moray a	v Ve	at.				_
	33	IMMEDIA	TE CAUSE (0)	Carra		mary a	115		1.			_
	20	7280	DUE TO, O	R AS A CONSEQUE	NCE OF	1 1/		+1. 1.01	1.			
ш		Conditions, if any, which	(b)		-	- 45	201	11 C M Sug	mail	7		_
		couse (0), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF		1	00	/	1		
		underlying couse lost.	(Ic)									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART 1	0)	
	CERTIFICATION											
0	CAT	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDI		
7	TIFI	76-24-95						YES T NOT	YES	ING CAUSES	NO T	
61	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)		_
1	_	OR CONTRIBUTING CAUSE OF DE	A.I.I.	M. MONTH DA		THE RESERVE						
81	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e PLACE	M. OF IN HIPY	19	211 LOCATION						-
	MEI	WHILE M NOT WHILE M		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE	
X		AT WORK AT WORK			F 2	1 0	-	0 /1-	-	76		
		22a.1 certify that (I) (this hasp	11 0	e deceased from_	02	19.	-/	7, 10	1	1 1	that (I) (we) las	51
H		sow the deceased alive a above. (1) (we) (did) (did n	ot) view the body	ofter death.	17.01	nd that in (my) (aur) a	opinión c	deoth occurred on the do	te and hour	and from the	couses stated	
	100	The Significant	1.	0 4 4	1	DEGREE	1000			22c. DATE	SIGNED	_
		Journa	Hera	if, M.	D.	ATTENE PHYSIC		MEDICAL STAF		4/3	25/79	
		22d PHISICIAN'S NAME (TYPE	OR PRINT)	1		122e. ADDRESS	CIAI4 L	- DIRECTOR - THISIC			11/	
	-	Tark	1 11.8	11/-		2 Of :	10 0	to Care	. 201	HOGA	toll	
		LOD-NA!	V HU	110		Dayim	14 0	ounit for	Orac .	7	-	_
	23a. 8	SURIAL, CREMATION, REMOVA				EMETERY OR CREMA		236. LOCATION CITY OR TOWN		COUNTY	STATE	
		BURIAL	4/27,					ark Sykesvil		arroll	MD	
		UNERAL DIRECTOR LOTT					25a. DATE	E REC'D. BY REGISTRAP	Bb. REGISTR	AR'S SIGNAT	URE	
	872	28 Liberty Rd.	Randal	Istown, M	D 21	133	BEAV	1 1070	profes	Cas fine	ides .	

11230-0

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) Marie 4/20/79 Stachs 9.00A M 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female Jan.23 Caucasian TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland U.S.A. WIDOWED DIVORCED [Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Homemaker Home GBMC.6701 N. Charles St. 21204 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13b. COUNTY 2012 Eastern Avenue 21231 13d INSIDE CITY LIMITS? YES TX Maryland I FATHER'S NAME 15. MOTHER'S MAIDEN NAME P Stanislaus Mierzejiewski Juliann Wyprecht 166 SOCIAL SECURITY NO. 17 INFORMANT ASPRESS Quaker Ridge Rd. 217-16-6050 Rita Bonaventura-Timounium, Md. 21093 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NYES, NO OR UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Left Breast Cancer DUE TO, OR AS A CONSEQUENCE OF Cancer Cachexia Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 Cancer Left Breast 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? b IN CERTIFYING CAUSES OF DEATH? Left Breast Cancer NO YES [NO [Mentol Hyg 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE 4/10/70 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on 4/20/79
above. (I) (we) (did and out view the body after death and that in (my) (gur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detor with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS M. Govinda Raju Charles St. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE STATE CITY OR TOWN COUNTY Burial St.Stanislaus Cem. Baltimore. Md. 3.3.3.1 Brehms Lane 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAJURE Benjamiek Funeral DHMH - 16 50M 7/77 Tistray Melhandy (VRA 15(4)) Balto.Md.21213 Home, Inc.

81230-81

1	FOR STATE REGIS	TRAR	М	EDICAL EXAMIN				7 9 -	08519	
	TYPE OR PR	D NAME FIRST VIR	GINIA	M.	STA	IRIKER	26. DATE K OF DEATH /	NOWN X MON ESTI- MATED [4 3 ₁₉ 79	26. HOUR
£	ema 1e BIRTHPI FOREIGN C	4 RACE white ACE (STATE OR COUNTRY) W YORK	5. DATE OF BIRT MONTH DATE OF 10 A CITIZEN OF	/17 61 Y	RS.	DAYS HOURS	PRONOUNC DEAD 9. BALTIMO Ra 1 t i		4 3 19 79	212013 P _M
	Cat	TOWN OF DEATH ONSVILLE IDENCE (IF IN NURSING HOME	11. NAME OF HE 45 Bris	OSPITAL, NURSING HOM FACILITY, GIVESTREET ADDRESSI ITWOOD ROAD		INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKE School	NG LIFE)	Sar Cath. S	
5 13	STATE	Md. Bal		Catonsu	ille	YES NOTHER'S MAIDE	13e. STREET ADDRES		Road	
0	P_{c}^{r}	trick	MIDDLE	Conlon		Susc	an MID		Reilly	
1 16	(YES, NO.	OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	078-18-8	010	Walter 1	owson, Mo	ker-50)4.)5 Kenil	Drive worth
	PARI	Canditions, if any, whice gove rise to immediate cause (a) stating the underlying cause last. 2 OTHER SIGNIFICANT CONDITION	e (b)	OR AS A CONSEQUENCE		R CONDITION GIVEN IN PA	RT 1 (a).			
	19a 21a.	DATE OF OPERATION	19b. CON	DITION FOR WHICH OPE	RATION WA	PERFORMED?			20. AUTOPSY	? NO []
3	CON	EXTERNAL CAUSE WAS DERLYING OR DOTTING CAUSE OF	DEATH P	OF INJURY .M. MONTH DAY - YEA .M. 19	e		D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 <	OR PART 2)	
	WH AT	NJURY OCCURRED ILE NOT WHILE WORK AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	21f. LOC		CITY OR TOW	N	COUNTY	STATE
3	dec ACT SIGI	UAL NATURE WOLL	Joto		Autapsy vicide	Hamicide , TITLE (SPECIFY) Assistant	Undetermined mar	iner,	ayapinian ATE GNED 4/4/79	
73	(TYP	CREMATION, REMOVAL	23b. DATE	A. Korell, N 1979-Holy	METERY OR	CREMATORY	23d. LOCATION	. /		STATE
2	4. FUNER	AL DIRECTOR Sterling	Juneral En Imondson A	ate	0700	APR APR	REC'D. BY REGISTRAR	25b. REGISTRAI	y, Penni	**

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Catonsville Md. 21228

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

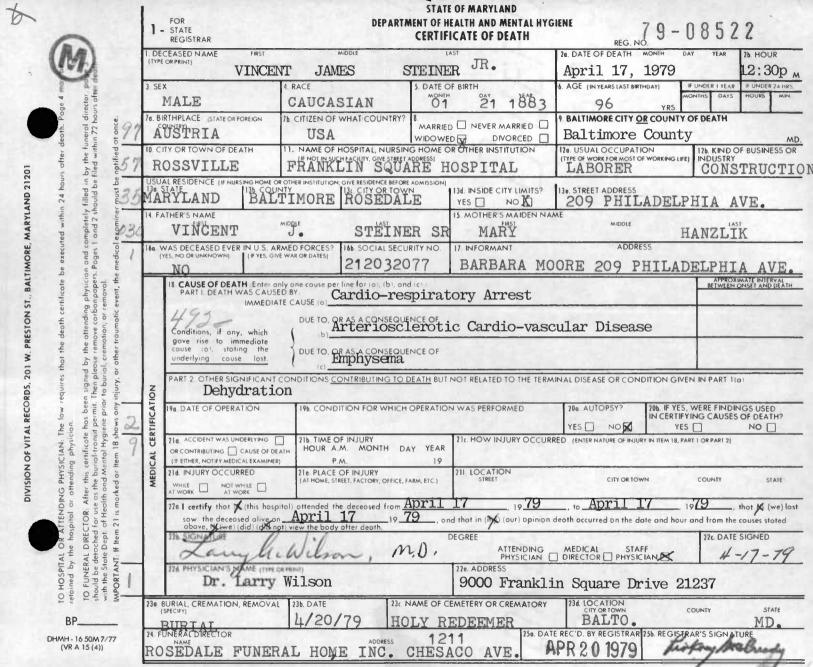
	1 -	FOR STATE REGISTRAR				ALTH AND MENTAL HYGI CATE OF DEATH	ENE REG. N	79-01	852	1
		CEASED NAME FIRST OR PRINT) John	MIDD		LAS		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR a
	3. SE		4 RACE		AND		April 30		IDER I YEAR	12 - 05 M
H		Male	White			-18-1919^*	59	YRS.	HS DAYS	HOURS MIN
19	7a. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY) Unknown	TO CITIZEN OF WH	N	ARRIED	□ NEVER MARRIED □	Baltimore city o			MD.
7	10 CI	Baltimore	11. NAME OF HOS		OME OF	OTHER INSTITUTION	124 USUAL OCCUPATION OF WORKER PROSE	ON 12		F BUSINESS OR
5	ÚSU/ 13e. S	AL RESIDENCE (IF NURSING HOME OF STATE 130 COUL	ROTHER INSTITUTION, GIVE		ISSION)		3904	Frankfo	ord A	ve.
00	14. FA	Joseph	Adams	LAST		Nellie	NE .		LAST	
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		279-16-8		Recds.Bels	air Conva		ım-61	.16 Bel
	NO	Conditions, if ony, which gove rise to immediate cause (01, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS	S A CONSEQUENCE S A CONSEQUENCE RIBUTING TO DEAT	OF	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN II	N PART 1(o	,
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPE	RATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES (GS USED OF DEATH?
9	R .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	LY IN ITEM 18, PART I C	OR PART 2)	
Į.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
		220.1 certify that (1) (this hosp sow the deceased alive or obove. (a) (we) (did) 22b. SIGNATURE	- 1 -	30 19 79		1 29 19 79 I that in (our) opinion de EGREE ATTENDING PHYSICIAN	, to April eath occurred on the do	FF		
		Mi Char	R PRINT)	er		9000 F	Franklin	Sq. D	r, B	salfo, M
	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE	23c NAM	E OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Ohio	4ΤΥ	STATE COOCES OS)
		UNERAL DIRECTOR	r Inc-64	+15°*Bela	ir	Rd21206	REC'D. BY REGISTRAR		SILNATU	Halrody

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STATE OF MARYLAND

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9				10 7 199 7/ /		STATE OF MARYLAND			
1		1.	FOR Items 18a. STATE 5-25-79 REGISTRAR	as	DEPARTM	ENT OF HEALTH AND MENTAL H	TYGIENE REG	79-08	524
		1 DE {TYPE	CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOU
CAR		0.05	Charles	Howard .	Strahler S	N.	April	11 1979	8
(MI)		3 SE	/	4 RACE		5 DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF UN	DER YEAR IF UNDER
00 0	ei.	7a BI	Male RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	9 BALTIMORE CITY	YRS OR COUNTY OF I	DEATH
	35	C	ountry) Md.	USI	4	MARRIED CNEVER MARRIED WIDOWED DIVORCED	Balto.	(0.	
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mpletely ond 2 sh	Scomine 3	14_FA	THER'S NAME	Strahle	r Sr. LAST	15 MOTHER'S MAIDEN Jrances	NAME MIDDLE	Airey	LAST
- 0	00 1		VAS DECEASED EVER IN U.S. /	ARMED FORCES?	166 SOCIAL SECUR	RITY NO 17 INFORMANT	ADI	DRESS	
n ond o	med			no	215 03 9	1896 Ruth V. St	trapler 610	7 Vindson	Mill Rd
he he mai	ir troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	AD AC A CONTROLLE	NCE OF			
equires that the an signed by the control of the please remote to burial, creman	injury, or other to	NOI	gove rise to immediate couse (a), stating the underlying couse lost	(ic)	OR AS A CONSEQUE	NCE OF	erminal disease or co	DNDITION GIVEN IN	N PART 1(0:
e law requires that the na. I have been signed by the commit. Then please remaine prinal, cremaine prinal, cremaine prior to burial, cremaine the prior to burial the prior the prior to burial the prior to burial the prior the prio	ws ony injury, or other tr	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost	t conditions <u>c</u>	ontributing to d		20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS USE G CAUSES OF DEA
e law requires that the na. I have been signed by the commit. Then please remaine prinal, cremaine prinal, cremaine prior to burial, cremaine the prior to burial the prior the prior to burial the prior to burial the prior the prio	shows ony injury, or other tr	CAL CERTIFICATION	gove rise to immediate cause (o), stating the underlying couse lost PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ontributing to d	EATH BUT NOT RELATED TO THE TE DPERATION WAS PERFORMED 216 HOW INJURY OCC	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USE G CAUSES OF DEA NO [
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HOURING OF ATTENDING PHYSICIAN: The law requires that the latest by the Napital or ottending physicion. FULEEAL DEECTOR: After this certificate has been signed by the could be detached for use as the buriol-transit permit. Then please remains the that their please remains the than the please to the buriol-transit permit.	IT If then 21 is marked ar Item 18 shows ony injury, or ather to	MEDICAL	gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE) WHILE NOTIFY MEDICAL EXAMPLE AT WORK AT WORK 220 1 certify that (I) (this has sow the deceased alive obove, (I) (wars del) (did to SIGNATURE)	T CONDITIONS CI	ONTRIBUTING TO D OTTION FOR WHICH O OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA To office death.	PEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED 21c HOW INJURY OCC Y YEAR 19 21l LOCATION STREET ATTENDING PHYSICIAN 11st ADDRESS	20a AUTOPSY? YES NO L CURRED (ENTERNATURE OF IN CITY OR TO DEECTOR PHY	20b. IF YES, WE IN CERTIFYING YES DIJURY IN ITEM 18, PART 1 (CRE FINDINGS USE G CAUSES OF DEA' NO DR PART 2) OUNTY S'

13-05524 A PLANT MODE A NOVA AND A STATE OF THE PARTY

CERTIFICATE OF DEATH REGISTRAR MIDDLE 2a DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Hubert Gilbert Street April. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3. SEX VEAR Ta. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N.C WIDOWED DIVORCED | Baltimore County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 055 VILLE ANKLIN USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 3,008 MD MIDDLE RIVER 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME BENNETT ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 244030690 GARY STREET UNIX 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF Cardio-Pulmonary Arrest Previously Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. History Of Leukemia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this hospital) attended the deceased from April and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on Applied to body ofter death 77E SIGNATURE DEGREE MEDICAL DIRECTOR PHYSICIAN S 22± ADDRESS 224 PHYSICIAN'S NAME (TIPE CEPTINE) MPORT should with the 9000 Franklin Sq. Drive 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN REMOVA BULADEAN BAKERSVILLE 24 FUNERAL DIRECTOR

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FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

B. CONNELLY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08525 26. HOUR 1979 7.151 IF UNDER 24 HRS IF UNDER I YEAR HOURS MONTHS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES | COUNTY STATE 22c DATE SIGNED

79-08526 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT Winifred Stickell. April 1979 7:33 PM Agnes 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 1 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 MRS MONTH YEAR DAY HOURS F W 1908 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIEDE NEVER MARRIED WIDOWED Treland Baltimore County O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Greater Baltimore Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Towson Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 131 CITY OR TOWN Baltimore 13. SURFET ADDRESS 1211 Union Avenue 13d INSIDE CITY LIMITS? 21211 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James Sheridan Sara Kelly ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 26 6095 Raymond Stickell Same no APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION p Diabetes mellitus and megaloblastic anemia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES X NO T transit I Hygie 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 21d. INJURY OCCURRED 21 e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 4/3/ 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 226 SIGNATUR ATTENDING FUNERAL I 4/4/79 PHYSICIAN DIRECTOR PHYSICIAN X IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 6701 N. Charles St. Towson, Md. 21204 Charles C. Brown, M.D. TO F Shoul 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 1/7/79 Burial Pleasant Grove Ch. Cem Finksburg Carroll 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARIZSD, REGIS. DHMH - 16 50M 1/76 3631 Falls Road 21211 ADD Burgee Funeral Home (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND 79-08527 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Stonesifer, Sr. 1979 3:35A April Geary Lee IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR HOURS W 05 73 M 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland USA WIDOWED Baltimore County IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto City Teacher Greater Baltimore Medical Center DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Towson USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. 611 West Joppa Rd. 21204 Towson Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME r MIDDLE Hahn MIDDLE Arthur Stonesifer Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Po 215-22-6977 A Kathryn B. Stonesifer, Same As #13e NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive gastrointestinal hemorrhage hours DUE TO, OR AS A CONSEQUENCE OF Perforation of duodenum hours Conditions, if ony, which gove rise to immediate cause to1, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Carcinoma of pancreas l vear PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NO YES T Mentol Hygie 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 1/10 4/4 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (f) (we) (did) (did not) view the bady after death DIRE 22¢ DATE SIGNED ATTENDING MEDICAL Should be detor be oc. PHYSICIAN DIRECTOR PHYSICIANY 4/4/79 MPORTANT: 224 PHYSICIAN NAME (TYPE OF PRINT) 22e ADDRESS 6701 N. Charles St, Towson, Md. 21204 Margaret L. Dobson, M.D. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Cockeysville, Balto. Md. 4-6-79 Dulaney Valley Memorial BP. Burial 24 FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Md. 2120APR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08529

9	1.	FOR - STATE REGISTRAR		DEPARIM		EALTH AND MENTAL HYG ICATE OF DEATH		8 0 - 6	272	
5		CEASED NAME FIRST Wilbert		DDLE	Sud	meier	20 DATE OF DEATH April 12	MONTH (DAY YEAR	2b HO
	3. SE	x Male	4. RACE White		S DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDE HOURS
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	'HAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED	Baltimore CIT			
90		Towson	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO: Ret. Bal	ST OF WORKING LIF		
35	13a S		or other institution. G UNITY .to.	30 CITY OR TOWN Baltimo	1	134 INSIDE CITY LIMITS?	1342 Goo		Rd. 2	1220
030		ATHER'S NAME Henry		eier		15. MOTHER'S MAIDEN NA FIRST Elizabeth	MIDDL	Z	empke sast	
1	(WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, C NO	IVE WAR OR DATES)	66 SOCIAL SECUR 216-05-5		Mrs. Rose L.		same	APPROXIN	
and	ATION	PART 2 OTHER SIGNIFICATION	CONDITIONS COL	au w	EATH BUT	WOULD RAPELLED TO THE TERM HUSLUMAN N WAS PERFORMED		20h IF YES	, WERE FINDIN	GS USE
2	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INIURY		21c HOW INJURY OCCUR	YES NO	YE	YING CAUSES (OF DEA
7	MEDICAL C	OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.M. ER) P.M. 21e. PLACE O	MONTH DA	19	21f. LOCATION				
	W	WHILE NOT WHILE AT WORK 22a 1 certify that (I) (this has	pital) _k attended@he	deceased from	Mir	STREET 1959	to again	10		hot (1) (
2		sow the deceased alive above, (1) (we) (did) (did	not view the body o	fter death.			death occurred on the	e date and hou		
	,	22b. SIGNATURE	C Da	fter death. 19 t	-	DEGREE ATTENDING PHYSICIAN		TAFF	22c. DATE S	
	23a I		C AA ORPRINT) Baumann M.	D. 23c. N	lln,	DEGREE ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN timore,	220. DATE S	H-

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

ALC:0: Cont. St. Hange to Conduct. 12, 1279 7E(U) power control of the regist for low laws, right to remark this to find Application of the last last charter than the second of th . Divinous Lines, that through the property of the property of the contract of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08530

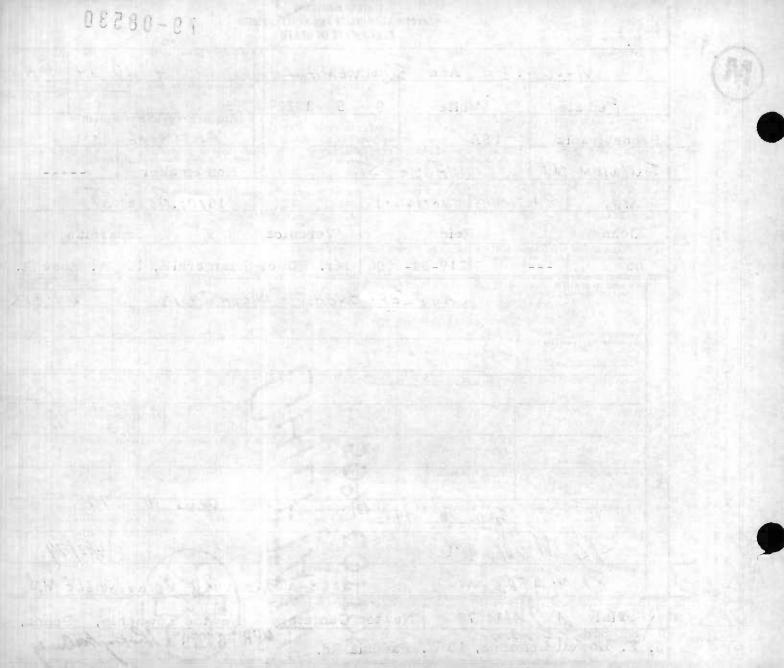
	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYG DEATH	IENE 79	-085	30	
		CEASED NAME FIRST OR PRINT) MARGI X	RET	Ann	_		+1LL YEAR	20. DATE OF DEATH		YEAR 79 UNDER I YEAR NITHS DAYS	S A . M IF UNDER 24 HR5 HOURS MIN
		Female		nite	9	5	1922	56	YRS		MIN
E.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	NEVER	MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
:75		ennsylvania	USA		WIDOWE	D [] (ONORCED	BALTIA	RERE	(0.	MD.
notified 00	T	IMONIUM, MV.	10	PACILITY GIVE STREET	ADDRESS)	OR OTHER IN	STITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homema	WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	VIY A	TIME RESIDENCE BEFOR 3c. CITY OR TOW	N	YES 🗌	NO 💢	13e. STREET ADDRESS	ROSE	51	
expuin 30	14 FA	John	MIDDLE	.eid last			rs maiden NAM	MIDDLE		ardian	
medico		MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV 10	E WAR OR DATES)	66. SOCIAL SECU 219-34-		Mr.		Summerhil		W. R	ose St.
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no smo	CERTIFICATION	19a DATE OF OPERATION	196. CONDIT	ON FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES {	VERE FINDING NG CAUSES	GS USED OF DEATH?
18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH D	AY YEAR	21c. HOW I	NJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCAT STREE	ION	CITY OR TOW	N	COUNTY	STATE
n 21 is mo		220.1 certify that (1) (this hosp saw the deceosed alive or above. (1) (we) (did) (did no	unnil	10 197	98.00	d that in (m)	, 19 7) (our) opinion (to Aff Ask death occurred on the da	te and hour o	nd from the c	hot (I) (we) lost auses stated
Tr. If hen		276. SIGNATURE	ato 4	M		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		4/18/	199
MPORTANT		220 PHYSICIAN'S NAME (TYPE OF		1.0.		2/ C/	RANBR	OOK RU C	OCKEY.	SVILLE	Md.
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DHMH - 16 50M 7/77 (VR A 15 (4))

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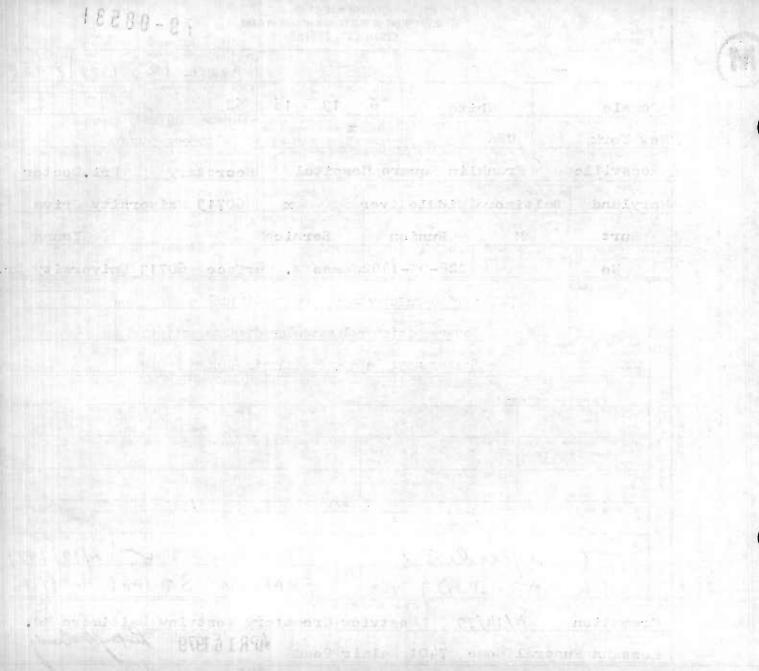
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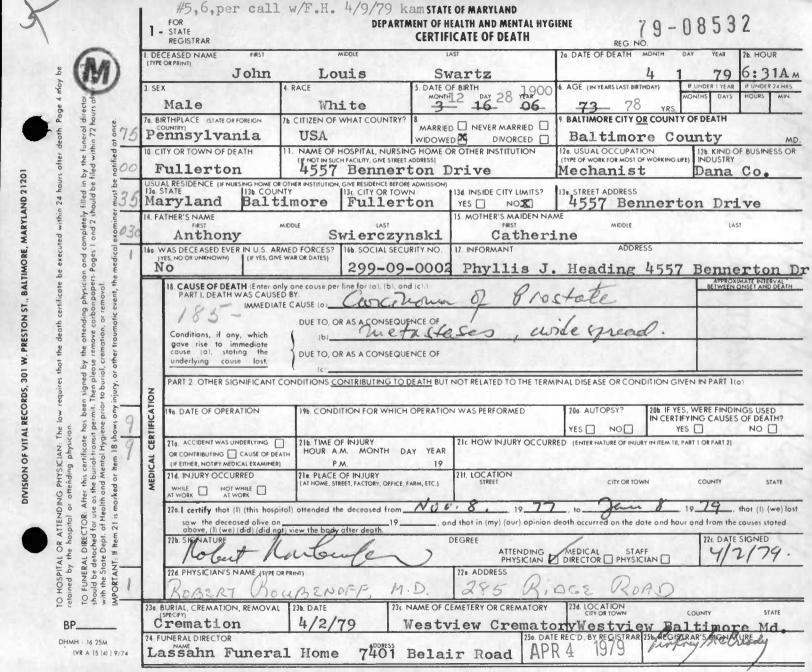


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(VRA 15(4))

Lassahn Funeral Home





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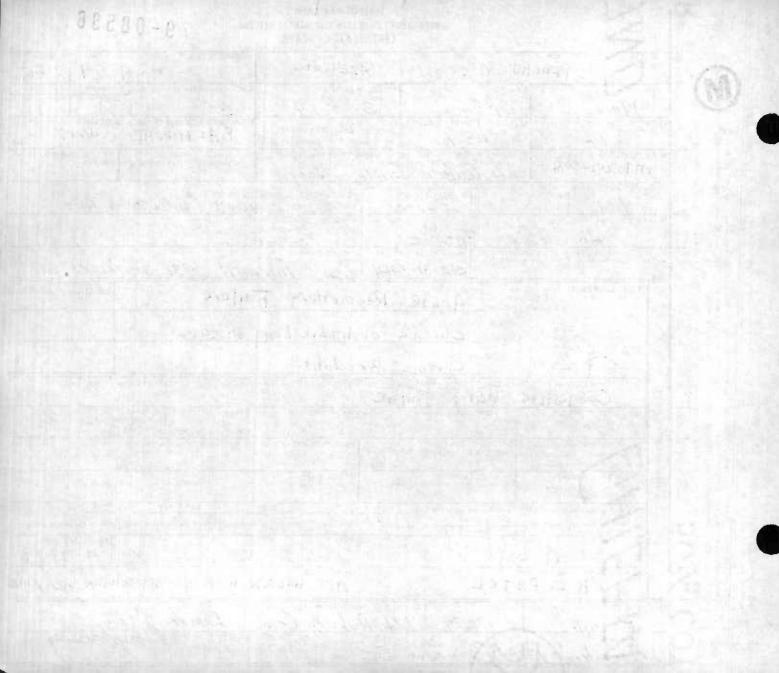
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

injury, or other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	GIENE	79-08	3537	
1. DECEASED NAME FIRST (TYPE OR PRINT)	homas	R.	Thom	ast as	April (5, 1979	DAY YEAR	26 HOUR A1
3. SEX Male	* RACE White		Sept.	17, 1888 AR	6 AGE (IN YEARS LAS		F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Scranton, Pa.	75 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CI			MD.
Middle River	"3217	Miller Av	Penue	DR OTHER INSTITUTION	12a USUAL OCCU (TYPEOF-WORK FOR M	PATION OST OF WORKING LIFE	12b. KIND C	of Business or Mine
	OR OTHER INSTITUTION UNITY LITERATE	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO P	130. STREET ADDR	iller A	ve. 2	1220
14 FATHER'S NAME FIRST John	Thomas	LAST		15. MOTHER'S MAIDEN NA	Ann Eval	is	LAS	st
160 WAS DECEASED EVER IN U.S. NES. NO OR UNKNOWN) (IF YES, C	ARMED FORCES? BIVE WAR OR DATES)	195 10 3		Mary Pirotte		DDRESS	Same	
Conditions, if any, which gave rise to immediate couse ial, stating the underlying couse lost PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, OI		NCE OF	Congstin 18 NOT RELATED TO THE TERM N WAS PERFORMED	LEAST ANNAL DISEASE OR CO	20b. IF YES,	, WERE FINDIN	NGS USED
THE TITLE TO THE PROPERTY OF T	DEATH	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURI	YES NO [YES		NO [
OR CON INBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK	21e PLACE			21f. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
220 I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on 3/	5 19 7		nd that in (my) (popinion DEGREE		he date and hour		
22d PHYSICIAN'S NAME (TYP	055 1	np		Medail 1	Health	Bup /3	oit o	Me BA
230 BURIAL, CREMATION, REMOV	4/9/7	^{23c. N.}	aylo:	emetery or crematory r Memorial Cer		0	, Pa.	STATE
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FOR STATE

must be notified at ance.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

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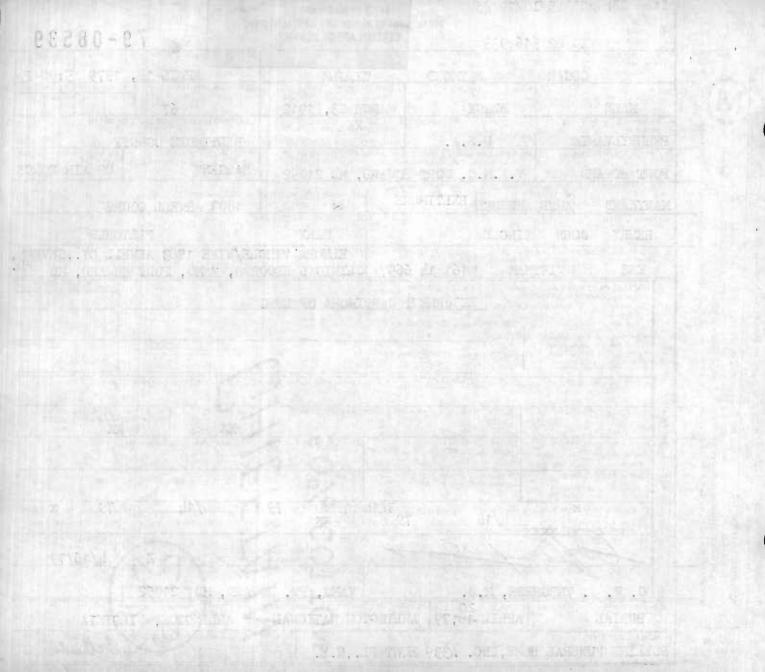
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3 S	EX		4 RACE		5. DATE C		6. A	AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
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USI 13a	UAL RESIDENCE (IF NURS STATE MD.	136 COUN	OTHER INSTITUTION. NTY CIMORE	GIVE RESIDENCE GEFORE 13c CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS YES NO 🐧	5? 13e	STREET ADDRESS 517 MURDO	CK RD.		
34. F	FATHER'S NAME FIRST		WIDDIE	HOMS ON		15. MOTHER'S MAIDEN FIRST MARTIN		WIDDLE		t AS	ST
160	WAS DECEASED EVER (YES, NO OR LINKNOWN)	IN U.S. AR	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 077-03-19		17 INFORMANT R. F.R. GAB	BLER	6600 YOR		21212	
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	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DE	1111	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED		Y IN ITEM 18, PAR	T 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	M	COUNTY	STATE
	saw the decease above, (we) (c		11/13 -1		1	nd that in tay (our) opin	nian deat	th accurred on the do	ote and hour	ond from the	
	22b. SIGNATURE MOS	for	C. On	men	M		IG DB	MEDICAL STAI		Apri.	1 24,197
	MOKTO	11	OPU-	IAN		27. ADDRESS 2936E.	Bi	ALTO S			
	BURIAL BURIAL	REMOVAL	236. DATE 4/27/1			GERBER CEM.		23d. LOCATION CITY OF TOWN	YORK		STATE INA.
	FUNERAL DIRECTOR			ADDRESS		250.	DATE RE	C'D. BY REGISTRAR	256. PESISTR	AR'S SIGNA	BRE
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MITCHELL WIEDEFELD HOME 6500 YORK RD.

DHMH-16 50M 7/77 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed retained by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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To Be some of the second of th	MALE BIRTHPLACE (STATE OR) COUNTRY) Pennsylvan CITY OR TOWN OF DE dgers Forg UAL RESIDENCE (IF NUE STATE TYLAND EATHER'S NAME FIRST OLIVER	ia ATH II e SING HOME OR OT IBALTIN	RACE WHITE CITIZEN OF USA NAME OF H (IF NOT IN SUC 15 I HER INSTITUTION.	MHAT COUNTRY? A HOSPITAL, NURSIN HAGUITY, GIVE STREET GIVE RESIDENCE BEFOR	? 8 MARRIED WIDOWED IT ADDRESS) RD.	NEVER MAR	T2	67 BALTIMORE C Balt	YRS. ITY OR COUNTY IMOTE	MONTHS DAYS TY OF DEATH OUNTY 12b. KIND O INDUSTRY	HOURS
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8 shows any injury, o	PART 2. OTHER SIG				1000	NOT RELATED TO		20a AUTOPSY	20b. IF Y	ES, WERE FINDIN	NGS USED
d or Item 18 shows	210. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI 210. INJURY OCCUR	CAUSE OF DEATH CALEXAMINER)	P., 21e. PLACE	M. MONTH D	19	216. HOW INJUR	Y OCCURRE	YES NO		YES 🗌	NO _
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MPORTANT	22d. PHYSICIAN'S N	S L.	WOR	SET	,	220 ADDRESS 6505	SICIAN B	DIRECTOR DP	HYSICIAN []	BALTU	m
230	BURIAL CREMATION (SPECIFY) Burial FUNERAL DIRECTOR	, REMOVAL	23b. DATE 4-28			. Valley	MATORY		ville b	COUNTY OF A	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** REG/N9 - 08542 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) OF ESTIowerd 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 30 hite May Male 13 1903 7.5 YRS To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County Maryland WIDOWED DIVORCED FILED, 301 W. 12a USUAL OCCUPATION (TYPE OF WORK PLANT) OF BUSINESS
FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Catonsville Retired Plant Eng. Hospital 420 Lambeth Road 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Catonsville 420 Lambeth Rd. 21228 NO [8] DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Turner. Laura Howard Fairbanks 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. OR UNKNOWNI No 213-05-7355 Turner 420 Lambeth Road Hazel M. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: excular IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES -NO [BE EPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 19 21e. PLACE OF INJURY (AT HOME 2 If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK EXECUTE ITE.

PAGE 4 SHOULD BE 1
TO FUNERAL DIRECTOR: P
THE DEATH, WITH THE ST

AALTIMORE, MARYLAND, 21 27a. I certify that I taak charge of the remains described above, held an Inspection Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Baltimore Ntl. Piko 21228 FERRERO CONRADO 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY Burial 4/26/79 Meadowridge Cemetery Dorsey AA Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIBECTOR FUNERAL HOMERS OF CATONSVILLE **DHMH-17** (VR A15 ME (5)) 1630 Edmondson Ave. Baltimore Md. 21228 15M 7/76

signed by the ottending physicion and completely filled in by the funeral director hen please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours of

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene pri

DHMH-16 50M 7/77 (VR A 15 (4))

FOR STATE

	STA	TE	OF	M	ARYL	AND
DEPARTMENT	OF	HE	AL	ru	AND	MEI

79-08543

	REGISTRAR				REG. N					
	CEASED NAME FIRST	MIDDLE	ŁAST	SALTES SAL	20 DATE OF DEATH		DAY	YEAR	26 HOU	R
(ITPE	FORPRINT) VICTOR	IA	TURNER		PACE VIEW E	4	18	79	3:48	P
3. SE:		4 RACE	5. DATE OF BIRT	тн	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	74 HRS
	FEMALE	WHITE	MONTH	20 1898	81	YRS.	MONTHS	DAYS	HOURS	MIN
7d. BI	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	9		DALTIMORE CITY		Y OF DE	ATH		_
C	MARYLAND	USA		NEVER MARRIED	D					
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED NG HOME OR OTH	DIVORCED [120 USUAL OCCUPAT				F BUSINE	SS C
	CATONSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	5	TYPE OF WORK FOR MOST	OF WORKING L	IFE) INE	DUSTRY	_	
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130	STATE . THE COUL			NSIDE CITY LIMITS?						
_	ARYLAND	BALTIN				TH ST	REE	Ī		
14 FA	ATHER'S NAME	MIDDLE LAST	15 M	OTHER'S MAIDEN I	NAME MIDDLE			LAS	1	
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	WAS DECEASED EVER IN U.S. AF		URITY NO. 17 IN	NFORMANT	ADDR	ESS				П
	YES, NO OR UNKNOWN) (IF YES, GIV	217-01-	-9906	SR. JUDIT	H 601 MAID	EN CH	10101	E LAI	1E	
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or	nd (c1.)	,	17 1			APPROXI	MATE INTER	VAL DE AT
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	oleo - k	cenot	las leeve					
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		DUE TO, OR, AS A CONSEQU	IENCE OF	7	. 1 . 197 -	/				
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z	gove rise to immediate couse (a), stating the underlying cause last.	Due to, or as a conseque	ence of the t	Carten.	Indections	Lanton GI	IVEN IN	PART 16	1	
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FICATION	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT F	Les les .	Incetion of RMINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	ES, WER	E FINDIN	IGS USED OF DEAT	H?
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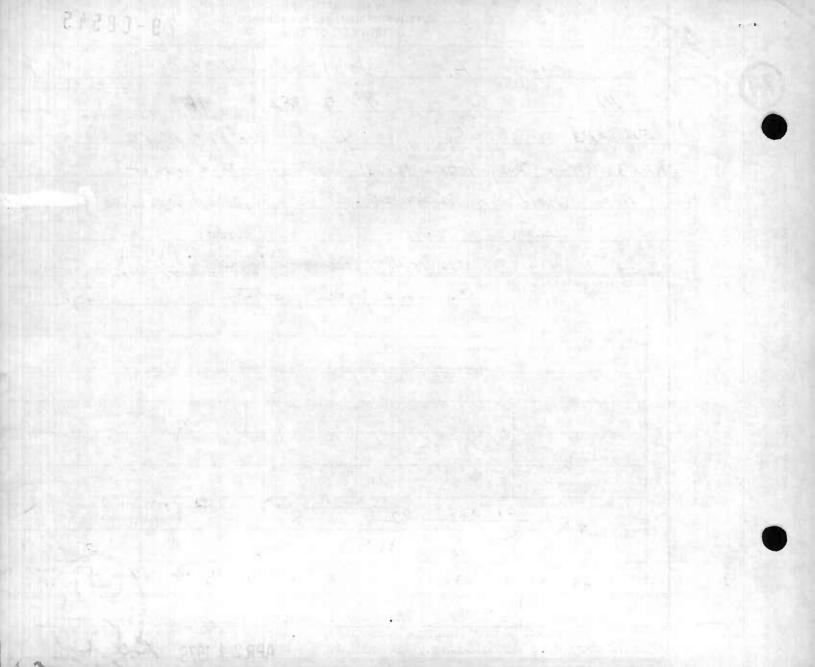
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Mathias DEATH MATED VanEckeren Herwanus SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White 21 08 14 57 DEAD 19 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County Netherlands DIVORCED WIDOWED _ 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Villa Nova Insurance Salesman Unemployed Queen Anne Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? T3o. STATE 136. COUNTY 13e. STREET ADDRESS Maryland Baltimore Baltimore YES NO M 7017 Queen Anne Road. ¥)3(AND 7 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unk Ilnk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21207 DIVISION IYES, NO. OR UNKNOWNE (IF YES, GIVE WAR OR DATES) Dr. Ernest H. Cassutto. 7017 Queen Anne 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONGET AND DEATH PART I DEATH WAS CAUSED BY: HYGIENE, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES [] 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 21201 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE EXAMINER'S NAME Dr. Lester N. Kolman 6821 Reisterstown Road, 21215 TYPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Catonsville, Baltimore. Cremation Westview Crematory BP. Lowing Byers Funeral Directors P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) 8728 Liberty Road Randallstown Md 30M 7/73

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Liberty Rd., Randallstown, MD

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 9-08550 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN 2b. HOUR Walter (TYPE OR PRINT) OF ESTIomiAs cae she DEATH MATED 19 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 25. DATE YEAR + DAY LAST BIRTHDAY) PRONOUNCED 171172 31 1458 DEAD YRS 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) KALTOMICE WIDOWED DIVORCED PAGE E FILED. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) DRIVE 2123 2, AND 3 TO 3. RETAIN PA SHOULD BE F Minney USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e SPEET ADDRESS THEWS Drive 21234 Maryland 13b. County imore 13cParkVIII e S I AND 2 SH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MARY Kythlein 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS WITH FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Malore Walter 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Libra IMMEDIATE CAUSE ICAL EXAMINER ALO A BURIAL-TRANSIT PEI AND MENTAL HYGIE ION, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 AS A CERTIFICATION Depression OF HEA 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO K PAGE 3 SHOULD BE STATE DEPARTMENT (2) 2010 PRIOR TO BURIA 21a. EXTERNAL CAUSE WAS TIME OF INJURY 214. HOWANJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING FOR 0 0 MEDICAL 1974 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 2609 MATTHEWS Drive Carsey Bell Cos 12 34 That one TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIEY) ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME BACTO 2123 (Mel 7527 13 1641 Rel (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Parkwood Baltimore County Maryland BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Leonard Inc. Balto. 21214 Richary McCreades (VR A15 ME (5)) Ruck APR 15M 7/77

STATE OF MARYLAND

(TYPE OR PRINT) EDITH MAY WALTERS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX Female White 1908 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY Maryland USA DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a LISUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TOWSON GBMC-670 Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Baltimore Overlea. 7515 Kenlea Avenue Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ond 2 MIDDLE Oliver David FIRST Estelle Becker Florence ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 212-05-6077B Bennie Walters 7515 Kenlea Avenue No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARCINOMA OF COLON WITH METASTASIS IMMEDIATE CAUSE 10 ō DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOY burial-transit p sho 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 79 sow the deceased alive on , and that in (my) (our) apinion death occurred on the date and hour and from the causes started obove, (I) (we) (did) (did not) view the body ofter deoth. DEGREE 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) GBMC-6701 N. CHARLES ST. ld b L. ALBUERNE. 23g. BURIAL CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE Burial Gardens of Faith Overlea

MIDDLE

FOR

REGISTRAR

24 FUNDRAL DIRECTOR

CICA

DHMH - 16 50M 7/77 (VR A 15 (4))

I. DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

9-0855

20

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

Homemaking

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

Md.

YES [

COUNTY

Baltimore

250. DATE REC'D. BY REGISTRAR 256. REQUETRAR'S SIGNATUR

22c. DATE SIGNED

Wickens

2:30A

IF UNDER 24 HRS

REG. NO

MONTH

20 DATE OF DEATH

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

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	3. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		NDER I YEAR		
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	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
á		Maryland	U.S.A.	WIDOWI		Baltimore	e County	7		MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE GBMC 6701 N (T ADDRESS)		12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O Inspecter	ON F WORKING LIFE)	126. KIND C	Matana	OR
Н	_		R OTHER INSTITUTION, GIVE RESIDENCE BEFO		s St. 21204				Motors	_
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3	16a W	AS DECEASED EVER IN U.S. AR		URITY NO		16 Broadway				_
			E WAR OR DATES) 213-10-		1	Lutherville	, Md.			
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	OF.			500	WELLEY YOUR		-	371		
Ŀ	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [G CAUSES	NGS USED OF DEATH?	
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			w view he body ofter death.	1	nd that in (my) (ass) opinion	death accurred on the de	ste and hour on			
		226 SIGNATURE).ol.:	m	ATTENDING PHYSICIAN	MEDICAL STAI	FF TIAN T	22c. DATE	SIGNED	7
		224 PHYSICIAN'S NAME (TYPE C	ORTRINT)		22e. ADDRESS	A .	1	1	1	+-
		C. E. 190 h	Illiams		1196 of Waster	stown Kd	Kenten	town	14.21	134
	23a. Bi	URIAL, CREMATION, REMOVAL PECIFY) Burial			EMETERY OR CREMATORY	23d LOCATION CT	vièle cou	INTY)	STATE	
	the latest terms and the	and the same of th	April 30,1979	Jarrol	ls Chapel Cem					
	74. FU	HALDMEICTOR Philips	ADDRESS M	ills.		MAY 1 197	236. REGISTOR	SSIGNAT	re Brod	4
	- 1									-

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN. The law

TO HOSPITAL

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transif permit. Then please remove corbonpapers: Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be build-incrinis permit if him belose remove corbon appears. Pages I and 2 should be filled within 72 hours after diswith the State Dept. of Health and Mental Hygiene prior to buriof, cremation, ar removal.	BP_

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If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic	MEDICAL	GOVE rise to imcouse (a), statiunderlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOT BY AED) 21d. INJURY OCCUE WHILE NOT WAT WOR AT W 22a.1 certify that (1 saw the deceo above, (1) (ama) 22b. SIGNATURE 22d. PHYSICIAN'S N UOSE P	Which imediate ng the e lost with the e lost with the e lost with the e lost with the electron of the electron	DUE TO, OR A IC) NDITIONS CON 19b. CONDITK 21b. TIME OF II HOUR A.M 21e PLACE OF (AT HOME, STREET VIEW the body of II WILLER	MS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	OPERATION AY YEAR 19 FARM. ETC.)	216 HOW INJURY OF THE PHYSIC P	200 YES DOCCURRED (ES	CITY OR TO	20b IF YES IN CERTIF YE URY IN ITEM 18. P	county 19 29 17 Ond from the	that (I)
Hem 21 is marked or Hem 18 shows any injury, ar other traumatic	MEDICAL	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY AED) 21d. INJURY OCCUB WHILE NOTIFY ATWORN ATW 22a. I certify that (I saw the deceo above, (I) (amil) 22b. SIGNATURE	Which imediate ng the e lost with the e lost with the e lost with the e lost with the electron of the electron	DUE TO, OR A IC) NDITIONS CON 19b. CONDITK 21b. TIME OF II HOUR A.M. 21e PLACE OF (AT HOME, STREET A STREET TIEW THE body of	MS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	OPERATION AY YEAR 19 FARM. ETC.)	211 LOCATION 211 LOCATION 318EE1 211 LOCATION 518EE1 ATTEND PHYSIC 22e ADDRESS	200 YES DOCCURRED (ES	CITY OR TO	20b IF YES IN CERTIF YE URY IN ITEM 18. P	county 19 29 17 Ond from the	that (I) couses SIGNE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08554

		REGISTRAR			CERTIF	CATE OF DE	HIA		REG. NO	•		
	1. DE	CEASED NAME FIRST	MID	DLE	L	AST		2a DATE OF DE		ONTH DAY	YEAR	26. HOUR
	line	SIDNE	У		WA	SSERMAN		APRIL	10,	1979		6. AM
	3 SE	Х	4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS	LAST BIRTHO	_	UNDER I YEAR	IF UNDER 74 HRS
		MALE	WHITE		G	28	1900	78		YRS.	NIHS DAYS	HOURS MIN
16	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIET	X NEVER MA	ARRIED [9 BALTIMORE	CITY OR	COUNTYO	FDEATH	
1		NEW YORK	USA		WIDOWE		ORCED [BAI	TIMO	DRE CO		MD,
7/	10 CI	ITY OR TOWN OF DEATH		ACILITY, GIVE STREET	ADDRESS)			12a USUAL OCC			RELIA	BUTNESS OR
(BALTIMORE		01 HOLLY		, APT.	В	SALES	REP.		LIQUO	OR CO.
21	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	DR OTHER INSTITUTION GIV	CITY OR TOW	N I	136 INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS		1.DT	D 41414
1	14 # 1	MARYLAND		BALTIMO	IKE	YES XX			IOLLY	LA.,	API.	B 21212
21	14 1-2	TO A A C	MIDDLE	OCTO LASTA LA		15 MOTHER'S	ac r		IDDLE	DENN	T CON LAS	it
H	14- 5	ISAAC		SSERMAN	2.77.10	DOR		1-1-7-1-7-1-7-1	AT LOF I			
			VE WAR OR DATES)	b SOCIAL SECU	RIIY NO.			ELIZABE			1212	
1		NO				ח וטכט	ULLY L	A., APT.	, D	1.2		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line SED 8Y	e far (0), (b), and	q ic.t		· It	2	1	1	BETWEEN	MATE INTERVAL ONSET AND DEATH
	H	IMMEDIA	ATE CAUSE (a)	wie	in	price	C9 1	ras	ce	0	1-1	100
		183-	DUE TO, OR A	S A CONSEQUE	NCE OF		0				0	
		Conditions, if ony, which gove rise to immediate	(b)						_			
	N	couse ia, stating the underlying cause last	DUE TO, OR A	S A CONSEQUE	NCE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OF	R COND!	LION GIVEN	IN PART 10	0.
	NO											
13	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPS			VERE FINDIN	
7	TIF	1827 LEE 1830						YES N	0 🗆	YES		OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF II	NJURY MONTH DA	V YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY	IN ITEM 18 PART	1 OR PART 2]	
7	CAL	OR CONTRIBUTING CAUSE OF D	CAIR		19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY , FACTORY, OFFICE, FA	ARM. ETC.)	211. LOCATION	4	CIT	Y, OR TOWN		COUNTY	STATE
	~	AT WORK AT MORE AT WORK	,		010	do	-	1 11	10		20	
		27s I certify though (the hee)	anoli promoted yo	leceased from	1/3	3	. 19	L, to 7	10		17	the 11 (we) lost
		spw the deliberation we did did n	of View the book of	er deoth 19	-	4	our) opinion o	death accurred a	n the date	e and hour a	nd from the	causes stated
		77h IGNATURE	-01	//		DEGREE	TENIDING	MEDICAL	CTAFE		22c. DATE	SIGNED
		Meng	01.10	ulm	are	mi	YSICIAN [MEDICAL DIRECTOR	PHYSICIA	N 🗆	14/1	10/79
1		22d. PHYSICIAN'S NAME				22e ADDRESS					110 01	1002
1		GEORGE T. GI		D		1717	YURK	RD. LUI		/ILLt,	MU 21	093
	23a. 8	BURIAL, CREMATION REMOVA SPECIFY) BURIAL	APR. 1	1.1978	CAT PINC	RE HEBR	EWATORY EW	RETS	ERST	TOWN "	BALTO.	MB

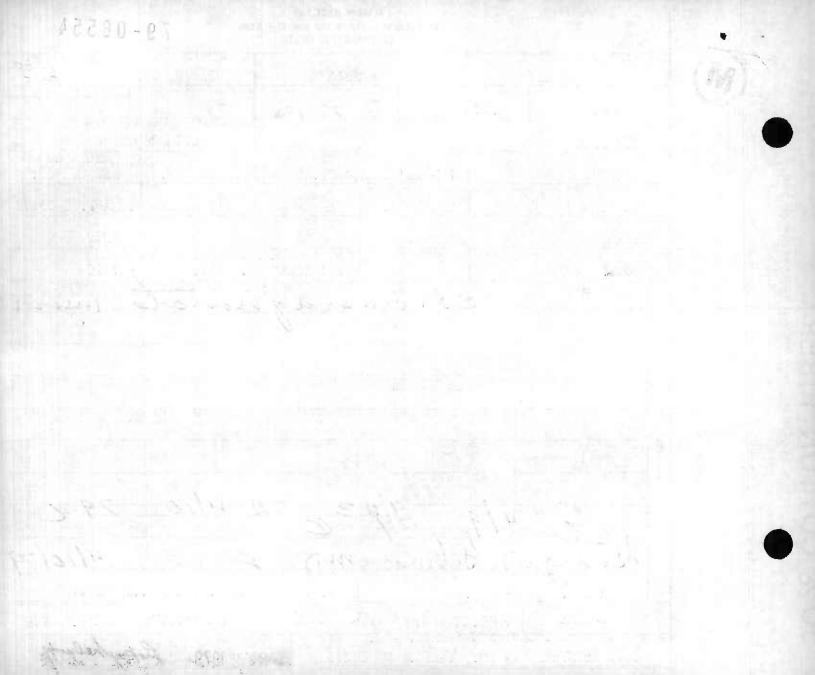
BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem 21 is

SERAL DIRECTOR SOL LEVINSON & BROS., INC.

MAME
6010 REISTERSTOWN RD., BALTO., MD 21215 (VR A 15 (4))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8-09555

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR CATHERINE E. WERTZ 4/24/79 2:50a M 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH Female 2/6/13 XXX 66 Caucasian 70. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED KKNEVER MARRIED U. S. A. WIDOWED DIVORCED Maryland Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] (TYPE OF WORK FOR MOST OF WORKING LIFE) Own Home Homemaker Towson Greater Baltimore Medical Center 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a, STATE | 13b, COUNTY | 13c, CITY OR TOWN 210 W. Seminary Ave. Lutherville 13d INSIDE CITY LIMITS? NOXX Baltimore Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE M. Kennedy Blanche Ruckert W. G. Norman IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Charles W. Wertz Same AS #13e 219-30-1382 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, 1b., and 1c. PART I. DEATH WAS CAUSED BY Gastro-intestinal bleeding ö DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Hepatic cirrhosis gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION Respiratory insufficiency due to massive ascites prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? for use as the burial-transit per of Health and Mental Hygiene NO [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. i certify that (I) (this hospital) attended the deceased from 23 4/24 79 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on obove, (I) (we) did (dd not) (#d not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE TO FUNERAL DII should be detoch with the Stote De STAFF ATTENDING MEDICAL 4 4/24/79 DIRECTOR | PHYSICIAN X PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Rudiger Breitenecker, M.D. 6701 N. Charles St., Balto., MD 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE Pikesville, Balto. Maryland Druid Ridge Cemetery 4-26-79 Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIG ATTIL 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 APR 2 5 1979 (VR A 15 (4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-08557 REG. NO 20 DATE OF DEATH 2b. HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF LINDER 24 MDS 73 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b KIND OF BUSINESS OR PIECE WORKER #21208 13e. STREET ADDRESS 405 YESHIVA LA., APT. 2-A MIDDLE BOXER 2-ADDRESS 405 YESHIVA LA. #21208 with hetactases to brylling 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

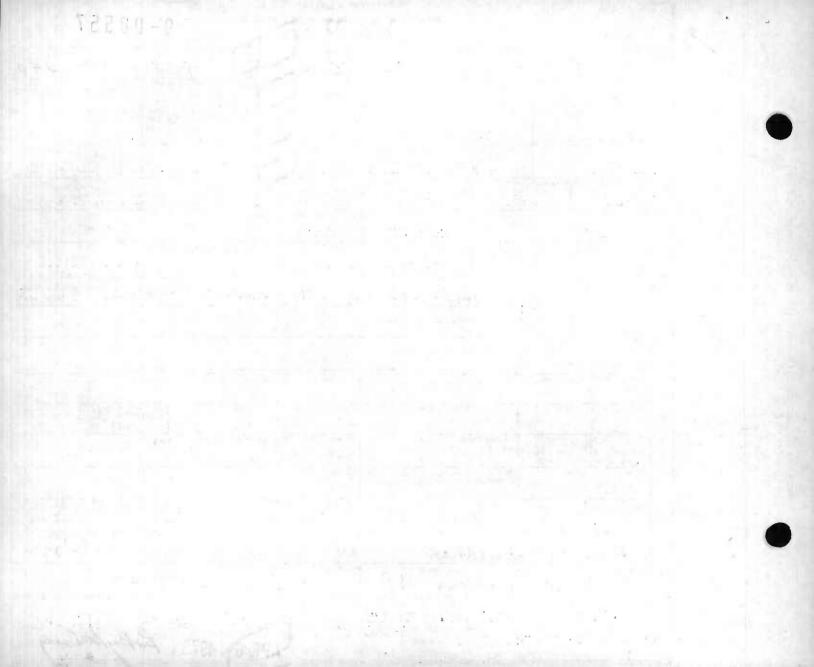
DHMH - 16 60M 7/73

(VRA 15(4))

24 SOLLALE VINSON & BROS., INC. ADDRESS 6010 REISTERSTOWN RD BALTO

MD

ROSEDALE BALTO



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPAR		AND MENTAL HYGI		79-08558
h	I. DECEASED NAME FIRST	MIDDLE	LAST		REG. NO	AONTH DAY YEAR 26 HOUR
I	(TYPE OR PRINT) CHRIS	TINA T.	WHEELE	D		04 23 79 1:30 Am
2	3 SEX	4 RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTH	
	FEMALE	WHITE	10	14 YEAR	86	MONTHS DAYS HOURS MIN
7	TO BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	'? B		9. BALTIMORE CITY OF	
9	MARYLAND	U.S.A.	WIDOWED X	NEVER MARRIED U	BALTIMORE	COUNTY MD.
+	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTH		12a. USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
A	CATONSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREE SUMMIT NURSIN		1228	HOUSEWIFE	WORKING LIFE) INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	NSIDE CITY LIMITS?	13e STREET ADDRESS	
Т	MARYLAND	BALTIMO		_		LL ROAD, 21229
+	14 FATHER'S NAME			OTHER'S MAIDEN NAM	NE .	
1	LUDWIG	MIDDLE LAST LUH		FIRST MARY	MIDDLE	YOUNG
T	160 WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 IN	IFORMANT	ADDRES	55 LINTHICUM, MD.
1	NO	Unavail	able NO	RBERT A. WH	EELER. 519	CLEVELAND ROAD
1	T	aly one couse per line for (a)_(b), o		,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	TE CAUSE (0)	aumo	netes		401
1	3 4 Immedia					
ı	Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF			
1	gove rise to immediate couse (a), stating the)				
1	underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF			
T	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 110
1		cerebral	· · · ·	hemin	alree 7	L ASEUD
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WA	S PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
I	Ĭ.				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO 12
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCURRE	ED JENTER NATURE OF HIJURY	(IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTION CAUSE OF DE		DAY YEAR			
I	(IF EITHER, NOTIFY MEDICAL EXAMINER! 21d. INJURY OCCURRED	21e PLACE OF INJURY	211.	OCATION	CITY OR TOWN	N COUNTY STATE
1	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	SIREET	CITTORTOW	N COUNTY STATE
I		ital) attended the deceased from	Lip	19 7	1.10 23	19 79 , that (1) (we) lost
1	sow the deceased alive on	23 CYLLI 19	79 and the	in (my) (auc) opinion d	eoth occurred on the do	te and hour and from the causes stated
1	224 SIGNATURE	view the body offer deoth.	DEGR	Į.	,	220. DATE SIGNED
1	James	E Fre	m	ATTENDING PHYSICIAN	DIRECTOR PHYSICI	4/124/79
1	228 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e	ADDRESS	DIRECTOR L. THIOLE.	
		' M D	1	13 COMMONTATE	ATTH AVENUE	RAITIMORE MD
+	JAMES E ROWE			13 COMMONWE	CALTH AVENUE	
-	JAMES E. ROWE	. 23b. DATE 23c	NAME OF CEMET			COUNTY STATE

INC.

HUBBARD FUNERAL HOME.

4107 WILKENS AVE

DHMH - 16 50M 7/77 (VR A 15 (4))

37711-01 DELANT TO MAKE CONTRACT OF THE STREET musical chief and the first party of the first and the fir

 FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-08559

		CEASED NAME	FIRST		WIDDLE	i.	AST		20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
	11116	OK PRINITY	WILL	MAT	E.	WH	EELEY		APRTI	12.	1979	5:55 am
= 14	3 SE	x		4 RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
		MALE	63112	WHI	TE	монтн 7	DAY 1	O8		70rrs.	ONTHS DAYS	HOURS MIN
9		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CITY O		OF DEATH	
83		OUNTRY) RGINIA		TT.	S.A.	WIDOWE	DI NEVER A	VORCED	BALTIMORE	COTTAIN	v	MD.
o pa		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	photos		12a. USUAL OCCUPATI	ON	126 KIND C	F BUSINESS OR
3		RT HOWARD		VAMC.	FORT HOWA	RD. M	ARYLANI		Retired	F WORKING LIFE	Resta	urant
D C	13a S	AL RESIDENCE (IF NUI	13b COUN	OTHER INSTITUTION	131. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS			
EQ O		RYLAND	BAL	IMORE	Catonsvi	lle	YES 🗌	NO [X		erred)er	ICK RO	AD
E	14. F.A	ATHER'S NAME FIRST	,	AIDDLE	LAST		15 MOTHER'	S MAIDEN NAM	MIDDLE		LAS	ST.
230		Lucian		•	Wheeley		Cha	rlotte		Bro	oks	
02		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	INT	ADDRE	SS		
medica	9	YES		WII	212 05 2	123	CLINIC	AT. RECC	ORDS VAMC	म्प म	OWARD.	MD
event, the		18 CAUSE OF DEA	TH (Enter an	ly ane cause pe	r line for (a), (b), and	d (c).)					APPROX BETWEEN	MATE INTERVAL DINSET AND DEATH
vent		PART I. DEATH	A/AC CALICE	D RV.	PNEUMONIA							TKS
U		32017	IMMEDIAL		OR AS A CONSEQUE	NICE OF				13.3		
ar ather traumat		Conditions, if on	v. which		MYELOPROL		TVE DI	SORDER			YE	ARS
r tro		gave rise to in cause (a), stat	nmediate						CULAR DISE	A CUTE		
athe		underlying cous			VITH GANG				COTTAIL DISE	ADE	MOI	VTHS
Y, Qr		PART 2. OTHER SIC	SNIFICANTO						INAL DISEASE OR CON	DITION GIVE		
olu	No.	STROKE W	TTH RI	GHT ST	DE HEMIPL	RCTA.	DHODEN	AT. TILCE	TR .			
any	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	190 DATE OF OPER			ITION FOR WHICH				200 AUTOPSY?		WERE FINDIN	
	CERTIFICATION								YES NO NO	YES	ING CAUSES	OF DEATH?
\$ 9	8	210. ACCIDENT WAS U	NDERLYING _	21b. TIME C			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
E		OR CONTRIBUTING		1177	.M. MONTH DA	YEAR						
is marked ar Hem 18 shaws	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY	75-1	211. LOCATIO	NC	THE OWNER OF	-20		
ked	×	WHILE NOT A	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
mar		220.1 certify that (tal) attended ti	ne deceased from	3/22		10 79	to 11/12	i	0 79	that (IX(we) last
1 12		sow the decea	sed alive on	4/12	19	79 , an	d that in (25%)	(aur) apinian c	death occurred an the de	ate and hour		1
E		22b. SIGNATURE	(did) (d) 0 10	view the bady	atter death.		DEGREE				22c DATE	
*		Dadlar.	m (Char	1 M	5)	A	ATTENDING _	MEDICAL STAI		1./40	170
Z-		22d PHYSICIAN'S N	AME (TYPE O	PRINT	7	2-	22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	IAN LA	14/14	2/19
IMPORTANT: If Hem 21					70		TTARKS	TODE T	101 LATIN 160	04050		
₹	00 (VADHANA				1445.05.0			IOWARD, MD	21052		
		BURIAL, CREMATION SPECIFY)	I, KEMOVAL	23b. DATE 4/14/	/nn		EMETERY OR		CITY OR TOWN		YTAUO	STATE
-	24 5	BURTAL UNERAL DIRECTOR	1630	Edmonds	LU.	RRATIN	PARK	CEMETER	RY BATTTMO			JARYTAND
7		NAME			ADDRESS	2000	04000		4 6 4070	perja	4/100	The same of the sa
	WI	TZKE FUNE	MAL H	ME CA	TONSVILLE	, MD	21220	LAPE	101212	1		

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			• • • • • • • • • • • • • • • • • • • •		
	Seating 1				
Line Charles	G. reiji		Hilly confidence		
		phone and	tut 20 total		
			in the line of		
	Participation of the second				
	av d		V-		
				••	

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance

STATE	OF	MARYLAND	

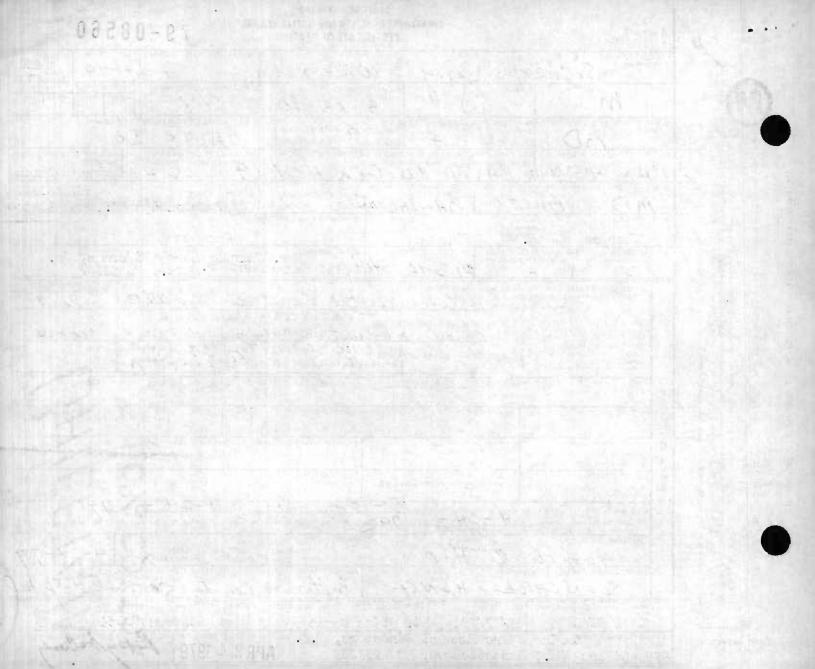
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE CERTIFICATE OF DEATH TO THE STATE CERTIFICATE OF DEATH REGISTRAR							
		CEASED NAME FIRST OR PRINT) SYCHA	rles Leroy	u	piderna		DATE OF DEATH MONTH	14-79 120 HOUR 120 M
	3. SEX	m	4 RACE	5. DATE C	PERTH DAY YEAR		AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
35	cc	DUNTRY) . MD .	76. CITIZEN OF WHAT COUNTRY	WIDOWE			BALTO C	OF DEATH MD.
55	B	ANDASTON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	D.C	EN HOS		USUAL OCCUPATION Retired - B	126 KIND OF BUSINESS OR INDUSTRY Baltimore County
35	13a. S	MD BA			VES NO D		STREET ADDRESS 3817 McDonough	MD / 21133 Rd., Randallstown
30	I4 FA	~7 7	W. Widerman	n	15. MOTHER'S MAIDE FIRST		Unknown	LAST
4		AS DECEASED EVER IN U.S. AR/ es, no or unknown) (if yes, give	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 215-10	1 -340	17 INFORMANT MY 8424 Meri	r. Che	arles Leroy Wid nt Dr. Balt., MI	derman, Jr. 0 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	rion	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	All one couse per line for (a), (b), of D BY: TE CAUSE (a) A LEY O DUE TO, OR AS A CONSEON (b) WANGE DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	UENCE OF UENCE OF L		ulme ration		e years
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED		19	211 LOCATION STREET	CCURRED	(ENTER NATURE OF INJURY IN ITEM 18, P	COUNTY STATE
	4	saw the deceased alive an	ital) attended the deceased from 19 11) view the body after death.	3- 19.00	DEGREE ATTENDI PHYSICI.	NG _ N	th accurred on the date and have AEDICAL STAFF IRECTOR PHYSICIAN	19
1		SOON CH	ul HONG	1	Baltinu		County sens	al Hespital
	(5	URIAL, CREMATION, REMOVAL BURIAL BURIAL	4/27/79, Mt	. Oliv	e Cemetery		Randallstown Be	
			Randallstown,		ors, P.A. 250	APR		TRAN'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

8728 Liberty Rd., Randallstown, MD

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 10, 1979 April 6:00P WIELAND B. Howard 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR DAY HOURS. 25 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Baltimore County EW YORK. N.Y WIDOWED THE DIVORCED [ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINE TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BAUSCH of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131 COUNTY 131 CITY OR TOWN 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS pla LIVINGSTON YES A NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LANIGA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. Cardiopulmonary arrest IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE OF lung Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [d Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDIC/ ò 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. Apr Apr. sow the deceased plive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL should be deto with the Stote DIRECTOR WASICIAN PHYSICIAN | MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES 9000 Franklin Square Drive 21237 Lisa Chow M.D. 23a BURIAL, CHEMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY CITY OF TOWN DURIA FOR KEVIN DOUGHERTY III MAINST. CANESEO, N.Y. DHMH - 16 50M 7/77 (VR A 15 (41) 5444 BELAIR Rd.

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-0	8562
1 DECEASED NAME FIRST (TYPE OR PRINT)	BUR F.	WIELAND	APRIL 29	1979 6:07
1 SEX Male	4 RACE White	S. DATE OF BIRTH AMONTH 3 PAY 1909	6 AGE (IN YEARS LAST BIRTHDAY) 69 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BABITION CO	OUNTY MD.
TOWSON	SAINT JOSEPH		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	PE) I Tavel Agency
13a. STATE 13b. CO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 13c CITY OR TO Baltimore Towson	YES NO M	1312 Colbury Rd	/ Apt. E
William	MIDDLE Viela		WIDDLE	Kandler
(IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC (SIVE WAR OR DATES) 212–10-		eland 1312 Colbu	ary Rd. Apt. E
Canditians, if any, which gave rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF ARTERIOSCI		VEN IN PART 1(o)
CON ESTIVE THE DATE OF PHIATION The ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	A OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH INER) P.M.	DAY YEAR 19 211- LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive above, (1) (worldah (di 271 \$ 10 NATURE	e on APRIL 19 d not view the bady after death. See CLAROCCO Z M.D.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED. 4/29/29
230. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d LOCATION CHYOR TOWN Baltimore	COUNTY Md. STATE
24 FUNERAL DIRECTOR NAME Leonard J. Ruc	k, Inc. Baltimore		R 3 0 1979	TRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

29 1079 5:03	Wile Colly		B SUBJE	
0	Rus. 31 1909		WAL D	Male
TOWN TRANSPORT	X			hasiyidi
Omner Travel Lyer	TALLAX .	HOLLOG	5113132	positor.
1312 Coloury 36/ Apr. E	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	J05#02	erost: Jel	les Levall
Telboni	d Toules	68 (1817)		42.1
elens 1,12 Colluct 30. Apr. Nachan	i .0 elos esso TECXIVI	ann 1 trid		No.
TELLINE STATE OF STREET	Chocachay			
25 25 annex	70		JIMA	
	70	• T.H >		

must be notified at once.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

	FOR			
-	STATE			
	DECISTOAD			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08563

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	O			
	1. DEC	CEASED NAME FIRST	WISOTE	· W:1H	LAST AA	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		HERBER		-//-	= 47	1.05	7 /6	17	GAM	
	3 SE)	M	RACE	S DATE O		6 AGE (IN YEARS LAST BIRT	MONTH YRS	DER I YEAR	HOURS MIN	
		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHA	T COUNTRY?	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	HTASC		
3		aryland	USA	WIDOWI		Baltimore	County		MD.	
0		IX OR TOWN OF DEATH I	1. NAME OF HOSP (IF NOT IN SUCH FACE anor Care	PITAL, NURSING HOME OF	me, Ruston	12a USUAL OCCUPATI LIVE OF WORK FOR MOST O Stationary		Pa.	F BUSINESS OR	
6	13a S	AL RESIDENCE (IF NURSING HOME OR COUNT STATE 136 COUNT Aryland Bal	Y 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN OPENS Forge	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 63 Murdock	Road			
Z	-	THER'S NAME PRIST I. Wilhel	DDLE M	LAST	15 MOTHER'S MAIDEN NAME FIRST	Painter MIDDLE		LAS	ī	
1		VAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS				
	Ye		71	7 07 6237	Bertie V. Wil					
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY	for (a), (b), and (g)	rarenlar a	carlint		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		JASO DUE TO, OR AS A CONSECUTIVE OF COnditions, if ony, which (b) arterior release of Values 10 pm						m		
		gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS	a consequence of				0		
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
_	J.	DATE OF ORDER ATION	vnc	FOR WHICH OPERATIO	ALLACAS DEDECORATES	200 AUTOPSY?	206, IF YES, WE	DE EINIDIN	ICC USED	
7	CERTIFICATION	190 DATE OF OPERATION	- IVE CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING			
7		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	IURY MONTH DAY YEAR 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2]		
	MEDICAL	21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA			211 LOCATION STREET	CITY OR TOW	IN CO	OUNTY	STATE	
		22a. certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	4	14 19 74 0	nd that in (my) (our) opinion of	, to	ote and hour and		that (I) (we) lost	
		22b. SIGNATURE 2 Manuel	Pildmen		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	4 /	SIGNED	
1	N.	DR MAWRICI		nm pr dr	22e. ADDRESS	ross covi	VTKY.	BLI	10	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	NTY	STATE	
	Bu	specify) irial	4-19-79	Druid R	idge Cemeterv	Pikesville	Balto	Co.	Md.	

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Burgee Funeral Home, Baltimore,

ADDRESS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and the control of th The state of the second section of the second secon The results will distance I to the second 717 07 6237 -crys 7. Filmole 63 Lumin- Jand

why in a labely by harded blace bay them and Burn do. 10.

There share and we problems, stated and the same and the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08564

		REGISTRAR			CERTII	CAIL OI DE		REC	3. NO.	000	
		CEASED NAME FIRST		MIDDLE	t.	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
	(TIPE	VERONI	CA	E		WILL	Đ	APRIL	9,	1979	1:00A _M
	3. SEX	X .	4 RACE		5. DATE O		YEAR	AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Fe	emale	Wh	nite	2	8	17	62	YRS		
4		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE!	NEVER MA	APPIED [9 BALTIMORE CIT		TY OF DEATH	
5	Pe	ennsylvania		S.A.	WIDOWE	DIX DIV	ORCED	BALTIMO	RE CO	UNTY	MD.
8	10 CI	TOWSON		HOSPITAL, NURSIN			NOITUT	120 USUAL OCCU (TYPE OF WORK FOR MO Adminis	OST OF WORKING	LIFE) INDUSTRY	. Sec.
5	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BALT	other institution	GIVE RESIDENCE BEFORE 13c CITY OR TOWE Dundal	٧	134 INSIDE CIT	Y LIMITS?	13. STREET ADDRE		l Aven	ue
0	14_FA	THER'S NAME FIRST Joseph	MIDDLE	Maskavi	ch	15 MOTHER'S Aga	RST	MIDD	ιE	LAS	Ŧ
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN		AE	DRESS 783	8 Haro	Id Rd.
	No		WAR OR DATES	215-03-	8972	Rober	t L. V	Wille	Bal	to. MD	21222
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Respirator R AS A CONSEQUE Severe mu R AS A CONSEQUE	ory in			bronchiti	.S	BETWEEN	MATE INTERVAL DISSET AND DEATH
	N O	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	Bronchopi						IVEN IN PART 10	31
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH				200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN	
	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	Ρ.	M MONTH DA	Y YEAR			ED (ENTER NATURE OF	INJURY IN ITEM 18	I, PART 1 OR PART 2}	
	MED	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION	4	CITY O	RTOWN	COUNTY	STATE
		220 I certify that (Mithis hasp) sow the deceased alive on above 10 (we) (div) (div) 22b. SIGNATURE	tal) ottended the APTII	after death.	9, on	DEGREE	17		STAFF	22c. DATE	
		224. PHYSICIAN'S NAME (THE	1			22e ADDRESS					
		Reynaldo (k Road, T	owson,	MD 2120	4
	(5	Burial Burial	4/11	/79 Sa		Ht. of		23d LOCATION CITY OF TOWN Baltin	ore.B	county altimo	re.MD
	24 FL	INERAL DIRECTOR Duda-	Ruck	Inc			250. DATE	REC'D. BY REGISTI	AR 25b. REST	STRAR'S SIGNAT	Preade
	7	7922 Wise Ave	nue, D	undalk,	MD	21222	AF	PRI 0 197	9	7	

DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE

19580-68

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

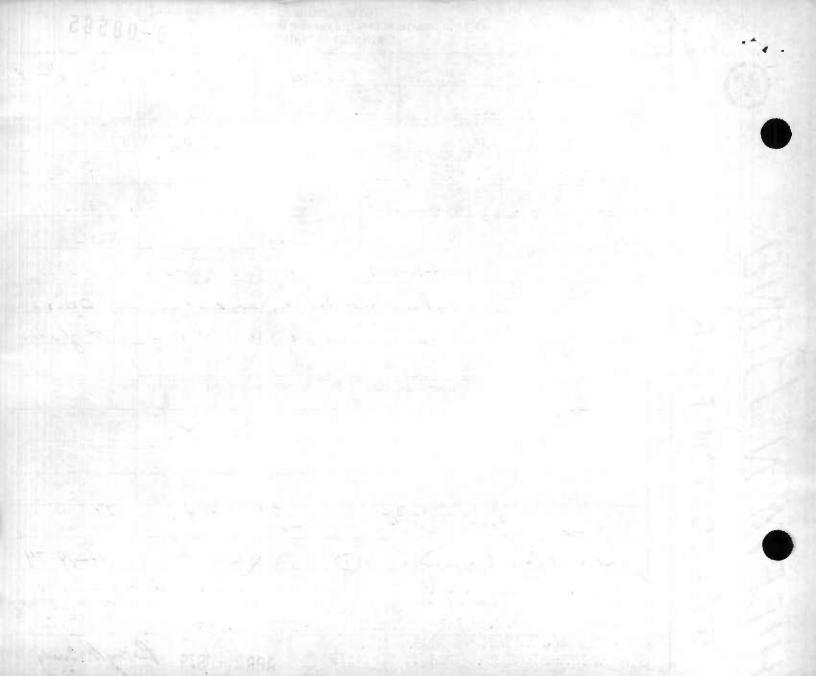
79-08565

4	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	0.			
	CEASED NAME	FIRST	٨	AIDDLE	ų.	AST	11.5	20 DATE		MONTH	DAY YEAR	26 HOU	R
(me	OR PRINT)	CAROLE		SANDRA		WILL	IAMS		APRIL	17,	1979	1640	PA
3. 5E	×		4 RACE		5. DATE C	F BIRTH	VEAD	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER	24 HRS
	FEMALE		WHITE		FEB	. 25,	1933		46	YRS	MONTHS DAYS	HOURS	MIN
7a. BI	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	XX	R MARRIED	9 BALTI	MORE CITY O	R COUN	TY OF DEATH		
N	EW JOR	K	USA		WIDOWE		DIVORCED	BA	LTIMORE	cou	NTY		M
	RANDALLS'	DEATH	(IF NOT IN SUC	OSPITAL, NURSING HEACHITY, GIVE STREET A EDWAY CI	OORESS)	R OTHER IN	STITUTION	(TYPE OF V	AL OCCUPATION OF THE SEWIFE	F WORKING		OF BUSINE	SSOR
USU	AL RESIDENCE (IF	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			4					
130 5	MARYLAND	BALT	0.	RANDALLS	TOWN	YES T	NO	930	EDWAY	CIR	#211	33	
	THER'S NAME					15 MOTHE	R'S MAIDEN NA		V01.6				
	HERMÂN	۸	SINS				GERTRUDI		WIDDLE		DANIEL	Š	
16a V	VAS DECEASED EV (EŞ. NO OR UNKNOWN)	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17 INFORA			UI LLEPAN	_			
	(ES, NO OR UNKNOWN)			219-30-	2887	9306	EDWAY	CIR.,	RANDAL	LST0	WN, MD	21133	
CERTIFICATION		immediate ofing the use last IGNIFICANT C	ONDITIONS CO	R AS A CONSEQUEN	EATH BUT	100			ASE OR CONI	20b. IF Y	IVEN IN PART 1: ES, WERE FIND IFYING CAUSE: YES	NGS USED	H?
CER	21a. ACCIDENT WAS		216. TIME OF		VEAD	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJUR	THE HEM-15	L-PART 1 OR PART 2)		_
CAL	OR CONTRIBUTING (TH HOUR A.F	M. MONTH DAT	Y YEAR								
MEDIC	21d INJURY OCC	URRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCA STREE			CITY OR TOW	vN	COUNTY	51/	ATE
					1/2/	-	97.1						ve) la
	abave; (d) (wm 22b. SIGN ATURE	eased plive on	2111	19 7	9 , on	d that in (m	ATTENDING	MEDIC	AL STAF	· F	our and from the	that (I) (we causes stands SIGNED	,
,	saw the deci abave, (ii) (w	eased olive on	view the bady	atter death.	9 , on	DEGREE 22e ADDR	ATTENDING PHYSICIAN	MEDIC	AL STAP	F IAN 🗌		SIGNED	g 9

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

6010 FREISTERSTOWN RD., BALTO.,



should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-08566

1	FOR STATE REGISTRAR	DEPARTM		ATE OF DEATH	REG. NO	79-085	66
	DECEASED NAME FIRST	WIDDLE	LAST			AONIH DAY YEAR	2b HOUR
	Floren	ce Taylor	Wi	lliams		4 3 79	M
3.5		RACE	5. DATE OF	BIRTH	6 AGE INYEARS LAST BIRTH		
) F	Temale	Black	MONTH 11	28 23	55	YRS.	YS HOURS MIN
7a	BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR		
o •	Virginia	USA	WIDOWED	NEVER MARRIED	Baltimo	re Co	MD.
10.		1. NAME OF HOSPITAL, NURSIN	IG HOME OR		12a USUAL OCCUPATIO	N 12b KINI	D OF BUSINESS OR
00	Baltimore	6214 Falls Re	d.		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	RY
130	SUAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	Maryland /	AMO Baltime		YES NO 🗌		s Rd.	
14	FATHER'S NAME FIRST MI	DDLE LAST	11	MOTHER'S MAIDEN NAM	WE		LAST
	Villiam	Jenkin	s	Rebecca		Fitz	gerald
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECU	RITY NO. 1	1 INFORMANT	ADDRES	SS	
	No	214-20-	7497	Charles W	illiams 6	214 Fall	
160	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY Crassisian	dic Clark	34		673	EN ONSET AND DEATH
injury, or other traumona		DUE TO, OR AS A CONSEQUE	ENCE OF	DT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1101
	19a, DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION '	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	DINGSLISED
CERTIFICATION	The party of the p	W. CONDINOR FOR WINEIR	O' ENAMON	TAS TENI ONNED	YES NO	IN CERTIFYING CAUS	
9 SAL CEI	OR CONTRIBUTION CAUSE OF BELT	216, TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	I (. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	' IN ITEM 18, PART 1 OR PART :	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	IF LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
MEDICAL CERTIFIE	22a.1 certify that (I) (this hospito sales observed already observed in the relational 22b. \$15.5 \text{ FRR}	1) offended the deceosed from	. (that in (my) (our) opinion of		22c. DA	the couses stated
	220 PHYSICIAN'S NAME (TYPE OR	Ruditroff		PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIA	LaveBalt	10 Md
230	Burial, Cremation, Removal			netery or crematory	23d LOCATION CITY OR TOWN TOWSON	COUNTY	state Md.
24	FUNERAL DIRECTOR	ADDRESS		25a DATI	E REC'D. BY REGISTRAR 2	7	
W	Mm. C. March F/		orth_	APR.	5 1979	triffe he	Credy

must be notified of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-08567

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	(TYPE OR PRINT) Iver	David	Williams	April 7 1979	M
	3 SEX	4 RACE	5. DATE OF BIRTH		F UNDER 1 YEAR # UNDER 24 HR5
	Male	White	oct. 23 1889	89 YRS.	ONTHS DAYS HOURS MIN.
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	
-	Wales	USA	WIDOWED DIVORCED	_ I RAITIMORE CO	ounty
>	Fort Howard	11. NAME OF HOSPITAL, NURSING 15 OAK STEET A 7509 OAK STEET	reet	(TYPEOF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTIN Mill
3	-	timore Ft. How	ard YES NO K	7509 Oak Str	eet 21052
d	David David	widdle T. Willi	iams Maria	WIDDLE	Daniel
	160 WAS DECEASED EVER IN U.S. AR.			eanor Pritchett	Noward Md Box 53
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUEI	Icleratic com	Alo-vascular ase	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TE		WERE FINDINGS USED ING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	TT 1 OR PART 2) COUNTY STATE
		nol) oftended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE DATTENDING PHYSICIAN		9 , that (1) (we) lost and from the causes stated 22c, DATE SIGNED
	Dr. Isabe II	e M. MacGrego	r 220 ADDRESS E.	Chase St. Baltir	nore, Md
	236. BURIAL, CREMATION, REMOVAL (SPECIBURIAL)		ak Lawn	"Baytimore	1 -
	24 FUNERAL DIRECTOR Duda-Ruck Inc	. 7922 Wise A	ve Dundalk Md 21222	APR 1 (1979)	AR'S STORIE DECOME

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, of other traumatic event, the medical exam

13:00-0 PARTY OF THE PARTY And the sale of th

STATE OF MARYLAND 79-08568 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINT HOMAS Sawyer 3 SEX 4 RACE 5 DATE OF BIRTH & AGE | IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER DA HOS 54 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1307 Andre St, Balt 21230 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE LEACH TIFER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO DR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220.76:2447 Rosewood Center, same as 13e 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE PIRATION Conditions, if ony, which gove rise to immediate stoting couse to the 201 W. SEIZURE DISORDER underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOL YES NO F Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION ٤ 21d INJURY OCCURRED 21e PLACE OF INJURY J.D (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED be detach e State De * ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e ADDRESS 27d, PHYSICIAN'S NAME ITYPE OR PRINT old b 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Rural-Oakland.Garr. Fairview Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'S BY REGISTRAR 256. REGISTRAR DHMH - 16 60M 1/75 (VRA 15 (41) 21550 Durst. Oakland Md.

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anding physician and campletely filled in by the funeral direct carban papers. Pages 1 and 2 shauld be filed within 72 haurs

medical exp

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the

1.	FOR STATE
	DECLICTO

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	REG. NO	79-08	356	9
	CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
,,,,,	Irene	v.	Wiln	ner	4/30/79			6:30A M
3. SE	X FEM1LE	A RACE	S. DATE C	PAY YEAR	6 AGE (IN YEARS LAST BIRTI	YRS.	DER I YEAR S DAYS	IF UNDER 24 HRS
C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	MARRIE		Baltimore city o	County		MD
	Towson		e street ADDRESS) N. Charle	es St. 21204	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		B. KIND OI	F BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCY NTY 13E. CITY O	RTOWN	13d INSIDE CITY LIMITS? YES NO 🔼	130 STREET ADDRESS	BURY	94	
14. F.4	ATHER'S NAME FIRST	MODIE LA	ST	15. MOTHER'S MAIDEN NA	ME MIDDLE		1A51	ī
	NAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	L SECURITY NO.	17. INFORMANT SON	ADDRE	SS		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Canditions, if any, which gave rise to immediate cause in stating the underlying cause lost.	TE CAUSE (0) Blee DUE TO, OR AS A CON	ding SEQUENCE OF O prolif	erative desea	se		BETWEEN	MATE INTERVAL INSET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT	conditions <u>contributin</u>	IG TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COND	ITION GIVEN IN	PART 1/a	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
4	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N CO	YINU	STATE
	220.1 certify that (1) (this hosp saw the deceased alive an abave, (1) (we) (did) (did no	1 /00 /00	1 - /	d that in (my) (our) apinion	death accurred an the do	12		that (I) (we) last couses stated
	22b. SIGNATURE	,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	4/30	
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS				

DHMH - 16 50M 1/76 (VR A 15 (4))

Fitzgerald Thomas, M.D. 23s. BURIAL CREMATION, REMOVAL 23b. DATE

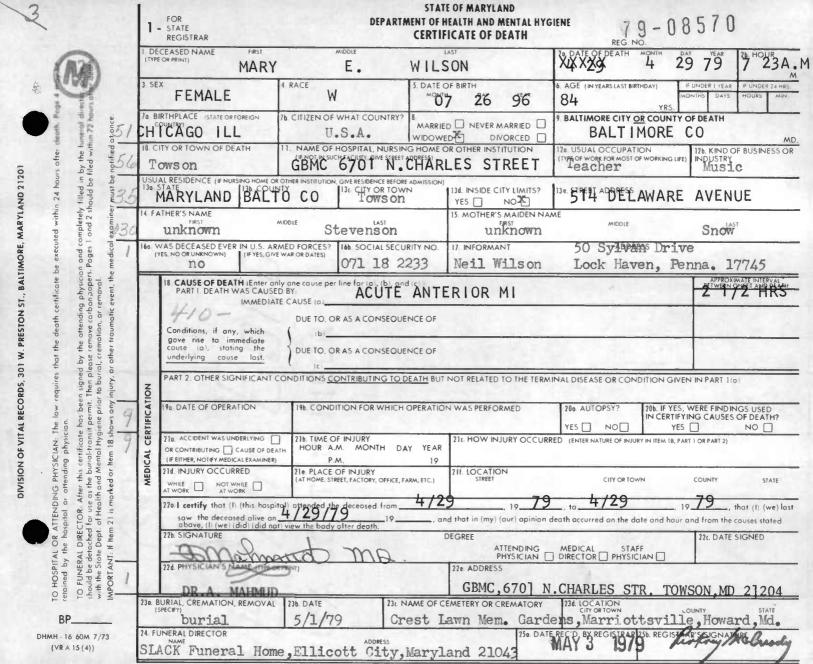
23c NAME OF CEMETERY OR CREMATORY LORRAINE PIS

36770

250. DATE REC'D.

Charles St., Balto. 21204

STATE



07780-8 HARRIE STATE OF LAND AND THE STATE OF THE ST CALLS Designed . The Albertail . and . Standing of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR
-	STATE
	DECLETDAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-08571

_							R	EG. NO.			
	CEASED NAME	FIRST	٨	AIDDLE	LA	st	20. DATE OF DE	ATH MONTH	DA	Y YEAR	26 HOUR
	ROBER	T	LUTH	गंभर्	WILSO	N	APRIL	2	7,	1979	9:10P
3 SE		4 R	RACE		5. DATE O		6. AGE (IN YEARS L	AST BIRTHDAY)		FUNDER I YEAR	IF UNDER 24 HE
	MALE		Whit	e	JUL	Y 19, 1916		62	RS MC	ONTHS DAYS	HOURS MI
	IRTHPLACE (STATE OR FOR			WHAT COUNTRY?	8 AAA DDIEG	XX NEVER MARRIED	9. BALTIMORE	_			
1	MARYLAND		U.S.A.		WIDOWEL		BALTI	MORE C	OUN	TY	
	FORT HOWARD			MEDICAL		ROTHER INSTITUTION	120 USUAL OCC (Type of work for Meat (NG LIFE)	INDUSTRY	F BUSINESS
ŪSŪ.	AL RESIDENCE (IF NURSIN	NG HOME OR OTHE								1	
M	ARYLAND	BALTI	MORE	13e. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e S75190	BRIGHT	SI	DE AVE	NUE
14 FA	ATHER'S NAME FIRST	uther		LAST	150	Ethel	laire	DDIE		LAS	Ť
	WAS DECEASED EVER IN	VU.S. ARMED	FORCES?	SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS			
(YES, NOTES	I I I WW TI	· Or DAILS,	216 05 1	923	CLINICAL R	ECORDS,	VAMC,	FOR	AWOH T	RD, MD
	18 CAUSE OF DEATH	(Enter anly or	ne cause per	line for (a), (b , and	d te					APPROXI BETWEEN	MATE INTERVAL DINSET AND DEA
	PART I. DEATH WA	S CAUSED BY MMEDIATE CA		LUNG CAN	CER						ARS
	11.29			R AS A CONSEQUE	NCEOE						
	Conditions, if ony,	which		AS A CONSEQUE	NCE OF						
	gove rise to imme		(b)								
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NO	cause (0), stating underlying cause PART 2 OTHER SIGNII	the last	(c)			NOT RELATED TO THE TERM	IN AL DISEASE OR	CONDITION	I GIVEI	N IN PART 1(d	31
ATION	cause (0), stating underlying cause	the last	(c) IDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR	-1		N IN PART 160	
IFICATION	PART 2. OTHER SIGNII UREMIA	the last	(c) IDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT N		200 AUTOPSY	2 20b. I	F YES,	WERE FINDIN	IGS USED OF DEATH?
ERTIFICATION	PART 2 OTHER SIGNII UREMIA 19a DATE OF OPERATION	The last	(c) IDITIONS CO	NTRIBUTING TO D	DEATH BUT N	I WAS PERFORMED	200 AUTOPSY	2 20b. I	F YES, ERTIFY: YES	WERE FINDIN ING CAUSES	IGS USED
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	PART 2 OTHER SIGNI UREMIA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE WHILE WHILE AT WORK 270. I certify that A (1) sow the deceosed above. A (we) Idic 270. SIGNATURE 272d. PHYSICIAN'S NAA	The lost FICANT CON ON REYING	IPB CONDI 19b CONDI 21b. TIME OI HOUR A./ 21e PLACE O (ATHOME, STRI ottended the PRIL ew the body	TION FOR WHICH I	OPERATION Y YEAR 19 APRIL Onc	216 HOW INJURY OCCURR 216 LOCATION STREET 27, 19, 79 d that in (14) (our) opinion of the company of the compan	200 AUTOPSY YES NC CITY TO APR deoth occurred an MEDICAL DIRECTOR P	2 20b. IN COP INJURY IN ITE	F YES, ERTIFYI YES 18, PAR	WERE FINDING CAUSES IT I OR PART 2) COUNTY P. 79 ond from the 22c. DATE 14/2	STATE thot X (we) causes stated 8/79
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6415 Belair Rd. -21206

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

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DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PA 1407 Old Eastern AvelP

79-08572

IF UNDER 24 HRS

HOURS

126. KIND OF BUSINESS OR

21220

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

Beth Steel

LAST

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YES [

COUNTY

22c. DATE SIGNED

IF UNDER 1 YEAR

E T. Warms

SEL V ALAN BAR - BOLDS

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15	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	/	9-08573
moy by	I. DE	CEASED NAME FIRST OR PRINT)	= ANN	+ WYATT	20 DATE OF DEATH MG	4-26-79 11.24 M
oge 4	3 SE	Fomolo	White	5. DATE OF BIRTH MONTH Jan. 18,1907	6 AGE (IN YEARS LAST BIRTHD	YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
re funeral di within 72 ho	M	RTHPLACE (STATE OR FOREIGN OUNTRY)	IN CITIZEN OF WHAT COUNTRY USA	MARRIED 10 NEVER MARRIE	Balto. Co	
_ 5 = p = 1		Towson	St. Joseph Ho	spital	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	
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MARYLA maked within smpletely ond 2 sh	14. F.	ATHER'S NAME William	Crocken Crocken	13 MOTHER'S MAID FIRST Rose	MIDDLE	Unknown
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hos beer permit. In the prior was only in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	100 AUTOPSY?	100. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours to otherding physician. Where this certificate has been signed by the otherding physician and campletely filled in by as the burtal-transit permit. Then please remove corbonpapers. Pages I and 2 should be file into and Amental Hygiene prior to burial, cremation, or removal. orked or item 18 shows any injury, or other traumotic event, the medical examples must be not account of the control or the co	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY I	
S PHYSICIAN strending phys rr this certifica the burial-troo ond Mental Hys ced or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
END OR: A		220-8 certify that (I) (this haspit	ol) offended the deceased form		1976, to 4 de opte dont de dote	ond hour and from the causes stated
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by by ERA		22d PHYSICIANS NAME INPEC	Valas M	220 ADDRESS	HADEARA PHYSICIA	Ball, Mg
110	23e	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY STATE
DHMH-16 20M	24 F	Entombment UNERAL DIRECTOR	April 30,1979		Baltimore 5 DATE SCO. BY REGISTRAR 251	Md.
(VRA 15, 4) 7/7B		eonard J. Ruck	Inc Baltimore	Mamrland		

STATE OF MARYLAND

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REGISTRAR

- STATE

16 Bangert Ave. 21128 LAST same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE _, and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Greater Baltimore Medical Ceneter COUNTY Baltimore, Md. 9705 Belair Roads Dipoco By Register 250 REGISTURES STORES " Schilmanek Funeral DHMH-16 20M Balto.Md. 21236 (VRA 15, 4) 7/78 Home, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-08575

IF UNDER I YEAR

INDUSTRY

Home

DAYS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

18

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR				CERTI	FICATE OF DEATH	7.9	- N1	857	7		
	ECEASED NAME PE OR PRINT)	FIRST		MIDDLE		LAST	20 DATE OF DEATH	ниом		0.7	2b. HOU	
	J	ESSIE		S Z	MAN	ROWSKI		04	09	79	8:0	JOP
3 SE	EX	4	RACE		S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	1 YEAR DAYS	# UNDER	R 24 HRS
	Female		White			20, 1925	53	YRS.		DATS	HOURS	WW
	COUNTRY!	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MAPPH	ED NEVER MARRIED	9. BALTIMORE CITY	_	TY OF DEA	TH		
A	arvland		USA		WIDOW	ED DIVORCED	TOWSO	N				٨
	CITY OR TOWN OF DEA	ATH I	1. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		12h. K	IND OF	BUSIN	
	BALTIMORE		6/01	N. CHAR	RLES	STREET	Labor	A. MORKING			Co	rk
USU 13a	JAL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
M	arvland		imore	Elmwood		YES NO X	4602 Ridg	eway	Aven	ue		
14 F.	ATHER'S NAME	111111	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME					
á J		arczyk		(ASI		Stella	WIDDLE			LAST		
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				
1	(YES, NO OR UNKNOWN)	(# 165, GIVE V	AR OR DATES)	213-20-8	8189	Melvin R. Z	nami rowski	4602	2 Rid	gew	av	Λv
		H :Enter only	one couse per			11102121					MATE INTE	RVAL
	18 CAUSE OF DEAT PART I. DEATH W			RESPIR	ATO	RY FAILURE					IRS.	
	1749	IMMEDIATE				VI I ALLONG					1110	
	Candidan	61.1	DUE TO, O	R AS A CONSEQUE	NCEOF	CARCINOMA				6 1	MOS.	
	Conditions, if ony,	nediate	(b)_	TO STREET BEST	70.00	CARCINOIA	1.397.39			0 1	103	•
100	underlying couse		DUE TO, OI	CARCIN		OF BREAST			100	2 1	YRS	
	BART 2 OTHER SICA	UEIC ANIX CO	(c)			T NOT RELATED TO THE TERM	ABLA DISSASS OR CO.	2712112	7/51 51 5			•
Z	FART 2. OTHER SIGI	AILICAIAI CC	NUTTIONS CC	DIVINIBULING TO L	DEATH BU	I NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DIIKONG	IAEN IN L	4K1 110	,	
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	120b. IF Y	ES, WERE	FINDIN	GS USE	D
FE	1977			CA. BREA				IN CERT	TIFYING C		OF DEAT	TH?
CERTIFI	21g. ACCIDENT WAS UND	DERLYING -	21b. TIME O		131	21c. HOW INJURY OCCUR	YES NOW		YES [ABT 21	NO [
	OR CONTRIBUTING			M. MONTH DA	AY YEAR	The HOW HAJORT OCCOR	KED (ENIER NATURE OF 1930	KI M HEW TO	P, PARI I OR P	QR1 2)		
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.,		19	AN LOCATION					7.5	
MED	WHILE IT NOT WE		21e. PLACE (OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUN	TY	S	TATE
	AT WORK WE AT WO	No.			800	1/02 70	0 <u>L</u>	-/00-	70		7	
1	22a.1 certify that (1)	(this hospito	attended th	1709	a	J4/02 19/9	, 10		. 19		hat (I) L	
	above, (1) (we) (10	and that in (my) (aur) opinion	deoth occurred on the d	ote and ho	our and fra	m the c	auses sta	oted
	126. SIGNATURE		200	\ /	1	REGREEBCh.			22c.	DATES	GNED	0
					-	ATTENDING PHYSICIAN [MEDICAL STA		1	+ . 7	1.7	1
1	224 PHYSICIAN'S NA	AME (TYPE OR F				22e ADDRESS	MILE (1971-1971		1 6			
	4. V.M	- L	DOOT	+1		GREATER I	BALTIMORE	MEDI	CAL	CE	NTE	R
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF	CEMETERY OR CREMATORY	23d LOCATION					
	(SPECIFY)		Ammi	12 70 1	HAlar	Rosary Cem.	Baltimo	re.	Maryl	and		ATE
24 F	Burial FUNERAL DIRECTOR		Apri	12,19	LULY	25a DA1	TE REC'D. BY REGISTRAR					-
-	NAME	h = ==	Tne	ADDRESS RATE	air I	Rd. 21206 AP	D 1 0 1070	Ris			ready	
בעו	poel Brot	ners,	Inc.	TIO Dere	OTT 1	H. FILES	V T 0 1313	1	1. 10.		7	1

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Carrett executes, inc. 7200 february to the february